OFFICE OF STUDENT FINANCIAL SERVICES

PARENT PROJECTED INCOME **TAX YEAR 2018**

_Date ____

FINANCIAL AID	
Student's Name	NDid
Last First	NDIU
Your 2018-19 financial aid is based on 2016 income report experienced a reduction to income or loss of employment the limits their ability to contribute towards your educational expe	at may reduce their anticipated income for 2018 or
Please provide the following (if applicable):	
 2017 federal tax returns with W-2 statements (if not allow Termination letter or letter verifying reduction in salar Documentation of severance package and accrued vaca Documentation of unemployment benefits received Monthly Expense Statement (available at finaid.nd.edu 	y ation/sick days
$Name\ of\ individual\ experiencing\ the\ wage\ loss/unemployment$	
Date when unemployment*/reduced income began (if applicable)	ole)
$\label{eq:thee} {}^{*}\underline{\text{the earliest}} \text{ we will consider a request for reevaluation due to unemployment}$	will be 12 weeks from the date of termination
ESTIMATED TAXABLE INCOME	2018
Parent 1 (father/stepfather) taxable wages on tax return	S
Parent 2 (mother/stepmother) taxable wages on tax return	\$
Interest and dividends	\$
Net income from business, farm, rents, royalties, partnerships,	estates, trusts, or gains \$
Other taxable income such as alimony, severance pay, capital g	ains \$
IRA/Pension Distribution: (totalrollover	
Unemployment compensation	\$
Other Sources:	\$
TOTAL INCOME	\$
ESTIMATED UNTAXED INCOME	2018
Your contributions to tax-deferred retirement plans: 401(k), 40	93(b), 457, 414(h), etc. \$
Deductible IRA, SEP, SIMPLE, and qualified plans	\$
Child support received for all children	\$
Other Sources:	\$
ESTIMATED FAMILY 2018-19 CONTRIBUT	ION TO STUDENT'S EXPENSES
Parent(s)' contribution	\$
Student's contribution (savings, earnings)	\$
I/We certify the information listed above is a complete and accurate breakdown of all estimated income, taxed and untaxed, for the calendar year 2018 . I further certify that if any of the above information changes, I/We will notify the Office of Financial Aid in writing of the changes. Electronic signatures are not acceptable.	
Parent 1 Signature	Date

Please submit signed and completed form, along with supporting documentation, to the Office of Financial Aid. Contact information provided below for email (preferred method), fax, and mail.

Parent 2 Signature_