UNIVERSITY OF NOTRE DAME

OFFICE OF STUDENT FINANCIAL SERVICES
FINANCIAL AID

PARENT PROJECTED INCOME TAX YEAR 2019

Student's Name _____ NDid _____
Last First

Your **2019-2020** financial aid is based on **2017** income reported on the financial aid applications. If your parents experienced a reduction to income or loss of employment that may reduce their anticipated income for **2019** or limits their ability to contribute towards your educational expenses, you may request a review of your circumstances.

Please provide the following (if applicable):

- **2018** federal tax returns with W-2 statements (if not already on file with our office)
- Termination letter or letter verifying reduction in salary
- Documentation of severance package and accrued vacation/sick days
- Documentation of unemployment benefits received
- Monthly Expense Statement (available at finaid.nd.edu)

Name of individual experiencing the wage loss/unemployment _____

Date when unemployment*/reduced income began (if applicable) _____

*the earliest we will consider a request for reevaluation due to unemployment will be 12 weeks from the date of termination

ESTIMATED TAXABLE INCOME	2019
Parent 1 taxable wages on tax return	$
Parent 2 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 gains	$
IRA/Pension Distribution: (total_____ rollover_____)	$
Unemployment compensation	$
Other Sources:	$
TOTAL INCOME	$
ESTIMATED UNTAXED INCOME	**2019**
Your contributions to tax-deferred retirement plans: 401(k), 403(b), 457, 414(h), etc.	$
Deductible IRA, SEP, SIMPLE, and qualified plans	$
Child support received for all children	$
Other Sources:	$
ESTIMATED FAMILY 2019-2020 CONTRIBUTION 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 **2019**. 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 _____

Parent 2 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) and mail.