



**SPECIAL CONSIDERATION
PARENTS' ESTIMATE OF GROSS INCOME WORKSHEET**

Dependent Student

For Academic Year 2017-2018

You have indicated a change in your family's current financial status that may impact your family contribution. In order to accurately assess your situation, please have your **parents'** complete the following information. **DO NOT LEAVE ANY LINES BLANK. IF YOUR ANSWER IS ZERO, WRITE "0"**.

Parents' Wages From Work in 2017

Father's wages to date: \$ _____ Mother's wages to date: \$ _____
Father's projected wages now to year end: \$ _____ Mother's projected wages now to year end: \$ _____

Parents' Other Projected Income for 2017

(Report parents' estimated yearly totals)

Disability Pay (taxable): \$ _____
Worker's Comp: \$ _____ Disability Pay (non-taxable): \$ _____
Severance Pay: \$ _____ IRA Deductions: \$ _____
Alimony: \$ _____ Child Support Received: \$ _____
Rental Income: \$ _____ Money paid on your behalf: \$ _____
Business Income: \$ _____ Payment to tax deferred savings/pension plan: \$ _____
Unemployment: \$ _____
Other Taxable Income: \$ _____ Other Non-Taxable Income: \$ _____

Parents' Projected Child Support Paid in 2017

If you will pay child support in 2017, what is the total amount? \$ _____

Student's Name: _____ Student's ID#/SSN: _____

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



**SPECIAL CONSIDERATION
STUDENT'S ESTIMATE OF GROSS INCOME WORKSHEET
Dependent Student
For Academic Year 2017-2018**

You have indicated a change in your current financial status that may impact your family contribution. In order to accurately assess your situation, please complete the following information. **DO NOT LEAVE ANY LINES BLANK. IF YOUR ANSWER IS ZERO, WRITE "0".**

Student's Wages From Work in 2017

Your Actual wages to date: \$ _____ Your Estimated wages now to year end: \$ _____

Student's Other Projected Income for 2017

(Report your estimated yearly totals)

Disability Pay (taxable):	\$ _____	Disability Pay (non-taxable):	\$ _____
Worker's Comp:	\$ _____	IRA Deductions:	\$ _____
Severance Pay:	\$ _____	Money paid on your behalf:	\$ _____
Unemployment:	\$ _____	Payment to tax deferred savings/pension plan:	\$ _____
Rental Income:	\$ _____	Other Non-Taxable Income:	\$ _____
Business Income:	\$ _____		
Other Taxable Income:	\$ _____		

Student's Name: _____ Student's ID#/SSN: _____

Student's Signature: _____ Date: _____