



Parents' Projected Resource Questionnaire 2020-2021

Student Name

ID

Email Address

The information requested on this form is required to process your request for income and/or resource adjustments that may affect your eligibility for financial aid for the 2020-2021 academic period. We will consider adjustment requests made only for the reasons indicated in Step A of this form. Contact the office if you need help determining if completing this form will improve your financial aid package.

Please note: Forms turned in without the requested documentation will be incomplete until all documents are received.

Step A: Check all that apply and provide appropriate documentation

<input type="checkbox"/>	One or both parents have experienced unemployment <i>(Note: Submit this form only if one or both parents have been unemployed for at least 10 weeks.)</i>		Documentation required: Copy of dated severance notice or other item that will verify loss of employment and date. Projected Year Income Declaration form - See form for additional required documents.
	Which parent is unemployed <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both		
	Date unemployed occurred:		
	Are you now re-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, date of re-employment:			

<input type="checkbox"/>	Loss of assets due to economic crisis <i>(Note: Adjustments will not be made for assets held at real estate, bonds, or IRA/401 accounts.)</i>		Documentation required: Statement from bank, broker, etc., certifying loss and market value as of December 2019.	
	TYPE OF ASSET(S)	VALUE AS OF DEC. 2018		CURRENT VALUE

<input type="checkbox"/>	Loss of business or farm income <i>(Note: Adjustments for self-employment will not be made until the end of the calendar year.)</i>	Documentation required: Letter from CPA, accountant, or attorney to verify situation. Re-evaluation may require a copy of your 2019 tax return and applicable schedules.
	Has the business or farm permanently closed or ceased operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/>	Retirement		Documentation required: Letter or other documentation verifying the effective date and retirement benefits. Copy of your most recent Federal Tax Return and applicable schedules.
	Effective date:		
	Retirement benefits already received, including one-time payments/buyouts	\$	
	Annual retirement benefit to be received:	\$	

<input type="checkbox"/>	Disability/Illness		Documentation required: Documentation from employer/insurance company verifying
	Benefit coverage:	\$	

<input type="checkbox"/>	Natural disaster causing income loss	Documentation required: Documentation of situation and amount of loss.
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<input type="checkbox"/>	Base salary reduction (not overtime)	Documentation Required: Most recent pay stub and a letter from employer confirming reduction.
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Step B: Provide us with an estimate of your income and resources for the 2019 calendar year.

You must attach the documentation you used to arrive at your estimate.

(Note: Please submit a copy of your signed 2019 IRS Tax Return with earnings documents if available)

2018 ESTIMATED INCOME AND BENEFITS	PARENT 1	PARENT 2	DOCUMENTATION REQUIRED
Wages/tips/salary	\$	\$	2019 W2 forms and most recent pay stub
FIA benefits	\$	\$	FIA verification
Alimony/child support	\$	\$	Friend of the Court or other documentation of amount
Severance pay	\$	\$	Letter from prior employer or wage statement
Unemployment compensation	\$	\$	Unemployment compensation verification
Social Security/SSI	\$	\$	Social Security/SSI statement
Pensions/annuities	\$	\$	Income/interest statement
Business/farm income	\$	\$	CPA statement or other documentation
Rental income	\$	\$	Statement of earnings
Housing allowance	\$	\$	Documentation of allowance
Other:	\$	\$	Documentation of income

Step C: Certification and Authorization

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to submit proof of the information that I have given on this form. I realize that this proof may include a copy of my federal tax return and supporting documents. I understand that if I have grossly underestimated my expected income I may have to REPAY financial aid funds awarded back to the appropriate program. The information provided on the questionnaire is complete and accurate to the best of my (our) knowledge and ability. I (we) also agree to contact the office if the information provided changes. (Provide signatures below.)

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE