

Projected change in income from 2014 to 2015:

| Source of Income: | 2014 | 2015 | Supporting Documentation: |
|--|----------------|----------------|---|
| Employment | \$_____ | \$_____ | 1040 2014 & latest check stub |
| Unemployment Benefits | \$_____ | \$_____ | 2014 1099-G if received during '13 and 2015 1099-G |
| Pension Disbursement | \$_____ | \$_____ | 1040 2014 & most current statement |
| TAFDC/EAEDC | \$_____ | \$_____ | 2014 & current statement |
| Veteran's Benefits Cash Support | \$_____ | \$_____ | 2014 & current statement |
| Workman's Compensation | \$_____ | \$_____ | Written statement from benefactor(s) |
| Social Security Benefits (SSI/SSDI & SS) | \$_____ | \$_____ | Official statement of 2014 & current 2013 & 2014 statements |
| Child Support Received | \$_____ | \$_____ | 2013 & 2014 DOR statements |
| Alimony Received | \$_____ | \$_____ | Must be reported on 1040 |
| Other | \$_____ | \$_____ | Supporting documentation |
| TOTAL | \$_____ | \$_____ | |

I CERTIFY THAT THE INFORMATION PROVIDED HERE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
(If any information is found to be purposely misleading or false financial aid may be cancelled and this application is considered to be void.)

Student Name: _____ **Social Security #:** _____ - _____ - _____

Parent Signature _____

Data elements to be adjusted:

AGI & taxes paid _____ Income from work _____ Untaxed income _____

Income exclusion _____ Accept _____ Denied _____ Director _____