

**A. Projected Income and Benefits**

Before we can consider any changes, please complete the fields in the table below. Include the best estimates for the changes in the financial situation for you and your parent(s) or spouse for the period from 8/1/2020 – 07/31/2021. Please provide the actual amounts from 8/1/2020 to today, and an estimate from tomorrow to 07/31/2021. If you are listing income and benefits as “0”, please provide an explanation on a separate sheet of paper explaining living expenses and support. If this section is not complete, your request will not be processed. Supporting documentation for all sources of income listed below is required.

| Please complete each box. Enter zero if not applicable.                        | Estimated Total Income                          |                                                  |                                              |                                                                  |
|--------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|
|                                                                                | Actual Amounts of 2020<br>8/1/2020 - 12/31/2020 | Actual Amount for 2021<br>1/1/2021 through today | Estimated Amounts tomorrow through 7/31/2021 | Anticipated Total Income/Benefit for 2020 (Actual and Estimated) |
| Gross Wages, Tips, Salary (Student)                                            | \$                                              | \$                                               | \$                                           | \$                                                               |
| Gross Wages, Tips, Salary (Parent 1, required for dependent student or spouse) | \$                                              | \$                                               | \$                                           | \$                                                               |
| Gross Wages, Tips, Salary (Parent 2, if applicable)                            | \$                                              | \$                                               | \$                                           | \$                                                               |
| Severance Pay                                                                  | \$                                              | \$                                               | \$                                           | \$                                                               |
| Unemployment Benefits                                                          | \$                                              | \$                                               | \$                                           | \$                                                               |
| Alimony Received                                                               | \$                                              | \$                                               | \$                                           | \$                                                               |
| Child Support Received                                                         | \$                                              | \$                                               | \$                                           | \$                                                               |
| Veteran Non-Educational                                                        | \$                                              | \$                                               | \$                                           | \$                                                               |
| Interest and/or Dividend                                                       | \$                                              | \$                                               | \$                                           | \$                                                               |
| Social Security Benefits                                                       | \$                                              | \$                                               | \$                                           | \$                                                               |
| Retirement Benefits                                                            | \$                                              | \$                                               | \$                                           | \$                                                               |
| Disability/Worker's Compensation Benefits                                      | \$                                              | \$                                               | \$                                           | \$                                                               |
| Pensions and/or Annuities                                                      | \$                                              | \$                                               | \$                                           | \$                                                               |
| Other (Explain)                                                                | \$                                              | \$                                               | \$                                           | \$                                                               |