



NAME _____

HUID: _____

Please provide the following information:

- 1) Date employment ceased (if applicable) _____
- 2) Income earned by student from July 1, 2016 to September 1, 2016 _____
*Please indicate source of income _____
- 3) Income earned by student from September 1, 2016 to June 30, 2017 _____
*Please indicate source of income _____
- 4) Student's taxable income (other than earned wages) expected from
07/01/16 to 09/01/16 (unemployment compensation, interest income,...) _____
- 5) Student's taxable income (other than earned wages) expected from
09/01/16 to 06/30/17 (unemployment compensation, interest income,...) _____
- 6) Non-taxable income from 07/01/16 to 06/30/17 from the following sources:
 - A) Deductible IRA and /or Keogh payments _____
 - B) Payments to tax-deferred pension and savings plans (paid directly
or withheld from earnings). Include untaxed portions of 401K and
403B plans. _____
 - C) Social Security Benefits _____
 - D) Child Support _____
 - E) TANF/Welfare Benefits _____
 - F) Untaxed portions of pensions (excluding "rollovers") _____
 - G) Other untaxed income and benefits (explain and provide expected amount(s) to be
received 07/01/16 to 06/30/17, such as: worker's compensation, foreign income
exclusion, etc.).

I certify that information listed above is a complete and accurate breakdown of all expected income, taxed and untaxed, for the 2016/17 Academic Year. *I further certify that if any information of the above information changes, I will notify the Financial Aid Office in writing of the changes.*

Student's Signature: _____ **Date:** _____