

CARLETON COLLEGE
2020 – 2021 FINANCIAL AID REQUEST FOR REVIEW

Please submit to: financialaid@carleton.edu
You may also request a secured link

STUDENT NAME: _____

CARLETON ID: _____

Projected Income

Complete this section if this request is based on a loss of employment or any other income-related change. If parents are divorced, separated, or were never married and do not live together, each parent must complete and submit a separate form.

- Provide information for **all** categories of income, not just the types of income that have changed.
- Attach any documentation you have for your figures, such as your most recent pay stubs, a letter from your employer regarding severance package terms, unemployment benefit statement, etc.
- **Actual income will be verified in 2020.** If changes were made to your financial aid based on your projections and the actual figures are higher than your projections, aid may be adjusted.
- Enter "0" if no income of a listed type is expected.

2020 Total Income		Actual 2020 Income (1/1/20 to Present)	Estimated 2020 Income (Present to 12/31/20)	Total 2020 Income
Provide Parent 1 Name:	2020 gross work income <i>Include copy of most recent paystub</i>			
Provide Parent 2 Name:	2020 gross work income <i>Include copy of most recent paystub</i>			
Severance compensation (if not included above)				
Unemployment compensation Amt/week x # weeks				
Net income from self-employment <i>Include copy of current Cash Flow & Balance Sheet</i>				
Net income from farms, rents, partnerships, etc. <i>Specify and include current Cash Flow & Balance Sheet</i>				
Pensions/Annuities/IRA Withdrawals – <i>please indicate the reason for withdrawal</i>				
Interest and Dividend Income				
Capital Gains/State income tax refund/Alimony				
Payments to tax-deferred pension & savings plans <i>Include pre-tax contribution to 401k & 403b plans</i>				
Social Security Benefits for <i>all</i> family members				
Disability Benefits				
Worker’s Compensation				
Child Support received for <i>all</i> children				
Veterans Benefits				
Other untaxed income/benefits <i>Please specify source</i>				

The information provided on this form is accurate and complete to the best of our knowledge.

Parent Signature _____ Date _____