

CARLETON COLLEGE  
2021 – 2022 Estimated Income Worksheet

Please submit to: [financialaid@carleton.edu](mailto: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 2021.** 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, 2021, 2022 Total Income		Actual 2020 Income (1/1/20 to 12/31/20)	Estimated 2021 Income (1/1/21 to 12/31/21)	Estimated 2022 Income (1/1/22 to 12/31/22)
Provide Parent 1 Name:	Gross work income <i>Include copy of most recent paystub</i>			
Provide Parent 2 Name:	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 &amp; Balance Sheet</i>				
Net income from farms, rents, partnerships, etc. <i>Specify and include current Cash Flow &amp; 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 &amp; 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 \_\_\_\_\_