

Carleton College

2021-2022 Estimated Income Worksheet

Please submit to: financialaid@carleton.edu

You may also request a secure link

Student Name: _____

Carleton ID: _____

Projected Income

Complete this form if your appeal is based on a loss of employment or any other income-related changes. If parents are divorces, 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 <i>(1/1/20 to 12/31/20)</i>	Estimated 2021 Income <i>(1/1/21 to 12/31/21)</i>	Estimated 2022 Income <i>(1/1/22 to 12/31/22)</i>
Provide Parent 1 Name:	Gross work income. <i>Include copy of most recent pay stub.</i>			
Provide Parent 2 Name:	Gross work income. <i>Include copy of most recent pay stub.</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 – please indicate the reason for the withdrawal:				
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 all family members.				
Disability Benefits				
Worker's Compensation				
Child support received for all children.				
Veterans Benefits				
Other untaxed income/benefits. Please specify source:				

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

Parent Signature: _____

Date: _____