



# Independent Student Estimated 2009 Income Worksheet

Student: \_\_\_\_\_ Student ID # \_\_\_\_\_ or  
Last four digits of SSN: xxx-xx-\_\_\_\_\_

This worksheet will provide Champlain College with the information needed to re-evaluate your financial aid eligibility for the 2009-2010 award year based on your 2009 income.

### Instructions:

- On the reverse side of this form, itemize the income you expect to receive in 2009. Your estimates should approximate as closely as possible the income you will report on your 2009 federal tax return, plus any untaxed income and benefits.
- **Attach the following documentation:**
  1. a copy of your most recent pay stub(s) and/or other documentation to substantiate your income estimate, and
  2. a complete signed copy of your 2008 federal income tax return (unless you have submitted it previously to Champlain College).

**Your request for reconsideration will not be processed without this documentation.**

- Return the completed form and the documentation in the envelope provided, or fax to the Financial Aid Office at Champlain College (fax number on reverse side of this form).
- Keep a copy of your completed worksheet for your records. Notify the Financial Aid Office if your estimate does not reflect your actual 2009 income.
- If you are a Vermont State Grant recipient, The Financial Aid Office at Champlain College will share this worksheet with the VSAC Grant Program. The VSAC Grant Program will require verification of your actual 2009 income by Mid March of 2010. If your actual 2009 income is higher than your estimates, the VSAC Grant Program will re-evaluate and reduce your 2009-2010 Vermont State Grant at that time.

### Reason for Decrease in Income

Please explain your situation, including the effective dates of the changes. Attach a separate sheet if necessary.

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*Please complete reverse side*

## Estimated 2009 Income (January 1, 2009 – December 31, 2009)

In the first column, provide the amount you have earned or received to date. In the second column, provide your best estimate of the amounts you expect to earn or receive for the remainder of the calendar year.

**Do not leave any question blank. Write "0" if a question does not apply.**

|   | Received<br>To Date | Estimate<br>for remainder<br>of year | Total    |
|---|---------------------|--------------------------------------|----------|
| 1. Student's wages (gross earnings before taxes--report tax deferred wages in Item 11)..... | \$ _____            | \$ _____                             | \$ _____ |
| 2. Spouse's wages (gross earnings before taxes--report tax deferred wages in Item 11).....  | \$ _____            | \$ _____                             | \$ _____ |
| 3. Interest and dividend income (taxed or untaxed) .....                                    | \$ _____            | \$ _____                             | \$ _____ |
| 4. Alimony received .....   | \$ _____            | \$ _____                             | \$ _____ |
| 5. Business and/or farm income (if negative, enter \$0) .....                               | \$ _____            | \$ _____                             | \$ _____ |
| 6. Capital gain and/or other gain (if loss, enter \$0).....                                 | \$ _____            | \$ _____                             | \$ _____ |
| 7. Pensions, annuities, IRA distributions (indicate if taxed or untaxed) .....              | \$ _____            | \$ _____                             | \$ _____ |
| 8. Rental, partnership, S corporation income (if negative, enter \$0) .....                 | \$ _____            | \$ _____                             | \$ _____ |
| 9. Unemployment compensation .....  | \$ _____            | \$ _____                             | \$ _____ |
| 10. Social security benefits (do not include untaxed benefits) .....                        | \$ _____            | \$ _____                             | \$ _____ |
| 11. Tax-deferred pension and savings plan payments (paid directly or withheld) .....        | \$ _____            | \$ _____                             | \$ _____ |
| 12. Child support received .....  | \$ _____            | \$ _____                             | \$ _____ |
| 13. Housing, food and other living allowances (military, clergy and others) .....           | \$ _____            | \$ _____                             | \$ _____ |
| 14. Veterans' non-education benefits .....  | \$ _____            | \$ _____                             | \$ _____ |
| 15. Disability income (taxable only).....   | \$ _____            | \$ _____                             | \$ _____ |
| 16. Money received or paid on your behalf (e.g., bills) not reported elsewhere on this form | \$ _____            | \$ _____                             | \$ _____ |
| 17. Other: (please specify & indicate if taxed or untaxed) .....                            | \$ _____            | \$ _____                             | \$ _____ |
| <b>Total Income</b> .....   | \$ _____            | \$ _____                             | \$ _____ |

### Income Adjustments

|   |          |          |          |
|---|----------|----------|----------|
| 18. Child support payments .....  | \$ _____ | \$ _____ | \$ _____ |
| 19. IRA deduction, self-employed SEP, SIMPLE, and qualified plans ..... | \$ _____ | \$ _____ | \$ _____ |
| 20. Alimony payments .....  | \$ _____ | \$ _____ | \$ _____ |

### Certification

I (we) certify that the information provided on this worksheet is correct and complete to the best of my knowledge. I understand that VSAC, upon verification of my 2009 income, may adjust my Vermont State Grant, (if applicable).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to: Champlain College, Financial Aid Office - PO Box 670, Burlington, Vermont, VT 05402-0670  
Fax (802) 860-2775