



Parent 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 son or daughter's 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 the financial aid office).

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 the student is a Vermont State Grant recipient (VSAC), and VSAC uses estimated income to determine your eligibility, they will require verification of your actual 2009 income by Mid-March of 2010. If your actual 2009 income is higher than your estimate, VSAC will re-evaluate and reduce the applicant's 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.

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 To Date	Estimate for remainder of year	Total
1. Father's wages (gross earnings before taxes--report tax deferred wages in Item 11)	\$ _____	\$ _____	\$ _____
2. Mother's wages (gross earnings before taxes--report tax deferred wages in Item 11).....	\$ _____	\$ _____	\$ _____
3. Interest and dividend income (taxes 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 (indicate if taxed or untaxed).....	\$ _____	\$ _____	\$ _____
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)	\$ _____	\$ _____	\$ _____
Total Income	\$ _____	\$ _____	\$ _____

Income Adjustments

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

Certification

I 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 the student's Vermont State Grant (if applicable).

Parent Signature: _____ Date: _____

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