

WESLEYAN UNIVERSITY - FINANCIAL AID OFFICE
2009-2010
ESTIMATED INCOME WORKSHEET
DEPENDENT STUDENT

Student's Name: _____

WES ID: _____ Class: _____

This worksheet will help you project your estimated 2009 family income. It is designed for families who will experience significantly lower income in 2009 than in 2008 due to unemployment, illness, or other significant employment change. Not all questions will apply to every family. Please indicate by marking "N/A" (not applicable) next to those questions.

Give the name and phone number of someone in your family who can usually be reached during normal business hours in case we need to clarify any items on this worksheet.

Name _____ Phone (____) _____

Please state why you expect 2009 income to be lower than 2008 income. Be specific and include information such as the date you were laid off or terminated, the date your reduced income became effective, or the date you retired.

If laid off or terminated, list your 2009 income up to your termination date (also include this amount as wages on reverse side) _____

Amount of separation pay or accrued vacation and sick leave you received or will receive in 2009 (also include this amount as wages on reverse side): _____

CERTIFICATION: All information on these three pages is true and complete to the best of our knowledge.

Parent 1/Stepparent's signature _____ Date _____

Parent 2/Stepparent's signature _____ Date _____

Return three pages and accompanying documentation to:

Financial Aid Office
Wesleyan University
237 High Street
Middletown, CT 06459-0260
Phone: (860) 685-2800 FAX: (860) 685-2801

Estimated 2009 (full year) income:

(Please explain losses or negative income on a separate page.)

Total wages, salaries and tips – parent 1/stepparent _____
Attach copy of last or most recent paycheck stub

Total wages, salaries and tips – parent 2/stepparent _____
Attach copy of last or most recent paycheck stub

Interest Income _____

Dividend income _____

Unemployment compensation _____
_____ # of weeks X _____ weekly amount

Net income from self-employment, farm, rents,
partnerships, etc. _____
If self-employed, attach copy of current Cash Flow and Balance Sheet

Other taxable income such as pensions, alimony,
capital gains/losses, withdrawals from retirement plans, etc. _____

Total 2009 Taxable Income: \$ _____

Social Security benefits (include amounts received for
dependent children, not including student) _____

Child support received _____

Other non-taxable income (such as disability,
untaxed portion of pensions, VA benefits, withdrawals
from retirement plans) _____

Contribution to retirement plans (such as IRA, 401(k),
or 403(b) voluntary annuity contributions) _____

Total 2009 Non-Taxable Income: \$ _____

Total Estimated 2009 Income: \$ _____

Include with this worksheet any additional documentation of your estimated 2009 income which may be appropriate.

2009 Expenses (per month)

Mortgage/Rent (circle which) _____

Real Estate/Excise Taxes _____

Utilities _____

 Heating/Cooling _____

 Electric _____

 Landline Phone _____

 Cell Phone _____

 Internet _____

 Cable/Satellite _____

Food _____

Loan Payments (specify Purpose)

Unreimbursed Medical/Dental Expenses _____

Insurance Premiums (car, medical, etc.) _____

Commuting/Transportation _____

Child Care _____

Alimony Payment _____

Education (not including Wesleyan) _____

Child Support Payment _____

Credit Cards (specify source and
payment amount)

Other (specify) _____

TOTAL MONTHLY EXPENSES \$ _____

Please note: If your total expenses are greater than your total income, please explain on the back how you are meeting those expenses.