

Anticipated Year Income Worksheet

Student Name: Wes	s or Applicant ID:
This worksheet will help you project your family's 2020 anticipated family in experience significantly lower income in the 2020 anticipated calendar year the COVID-19 pandemic, or other significant employment change. Not all quindicate by marking "N/A" (not applicable) next to those questions. <i>If applipaycheck stub.</i>	due to unemployment, illness, impacts due to uestions will apply to every family. Please
2020 Anticipated (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:	
Number of weeks: X Weekly amount: \$	= Total: \$
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, withd plans, etc.	drawals from retirement \$
Total Anticipated	2020 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 retiren	nent plans \$
Contribution to retirement plans	
Such as IRA, 401(k), or 403(b) voluntary annuity contributions	\$
Total 2020 Anticipated	d Non-Taxable Income: \$
Grand Total 2020 Anticipated Income: (add taxable and	non-taxable income totals)

Include any additional documentation of your estimated 2020 income which may be appropriate.

2020 Anticipated Expenses (per month)	
Mortgage/Rent (circle which)	\$
Real Estate/Excise Taxes	\$
Food	\$
Utilities:	
Heating/Cooling \$	
Electric \$	
Cell Phone \$	
Internet \$	
Cable/Satellite \$	
	Utilities Total \$
Loan Payments:	
Loan 1 Purpose: \$	
Loan 2 Purpose: \$	
Loan P	ayments Total \$
Unreimbursed Medical/Dental Expenses	\$
Insurance Premiums (car, medical, etc.)	\$
Commuting/Transportation	\$
Child Care	\$
Alimony Payment	\$
Education (not including Wesleyan)	\$
Child Support Payment	\$
Credit Cards:	
Card 1 Source: Minimum Payment \$	
Card 2 Source: Minimum Payment \$	
Cre	dit Card Total
Other:	
Other 1 Description: \$	
Other 2 Description: \$	
	Other Total \$
Grand Total Monthly Expenses (add all	expense totals) \$

If laid off, furloughed, or terminated, list your 2020 income up to your separation date (also include this amount as wages on page 2):		
Amount of separation pay or accrued vacation and sick leave you received or anticipate receiving in 2020 (also include this amount as wages on page 2):		
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	