

Parent 2023 Estimated Income

Name: _____
Student's Name (Last, First, M.I.)

ID: _____
Student Identification Number (SID)

Complete this form to report estimated income for 2023 for reconsideration of aid for the 2023-24 school year.

Instructions

1. Write a detailed explanation about your change in income. Include SID and submit with this form.
2. Provide actual and estimated 2023 income in the table below for the parent/stepparent(s) whose information was used to complete the FAFSA.
3. For any actual income amounts listed, **supporting documentation must be submitted** before your appeal can be reviewed. This may include, but is not limited to: recent year-to-date paystubs, employer letter documenting last day of work, employer statement of severance payments and benefits, statement of unemployment benefits, profit/loss statement for business income, quarterly investment statements.

If a line item is left blank, you are certifying you have not received, and there is no possibility of receiving, income of that kind.

Sources of Income	Actual amounts from 1/1/23 to today (date of appeal)	Estimate amounts from today (date of appeal) to 12/31/23	Total (estimated) amounts for 2023
Parent/stepparent gross earnings from employer(s):	\$	\$	\$
Second parent/stepparent gross earnings from employer(s)	\$	\$	\$
Severance Pay	\$	\$	\$
Investment Income: Dividends, Net Rental Income, etc.	\$	\$	\$
Alimony Received	\$	\$	\$
Business Net Income	\$	\$	\$
Capital Gains (Sale of Property, etc.)	\$	\$	\$
IRA/Retirement Account Withdrawals	\$	\$	\$
Pension and Annuity Income	\$	\$	\$
S Corporation & Partnership Income	\$	\$	\$
Farm/Ranch Net Income	\$	\$	\$
Unemployment Compensation (Gross)	\$	\$	\$
Taxable Social Security Benefits/Disability	\$	\$	\$
Untaxed Income			
Payments to Tax-Deferred Pension and Savings Plans	\$	\$	\$
IRA Deductions/Payments to SEP, SIMPLE, Keogh	\$	\$	\$
Child Support Received	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$
Untaxed Portions of IRA Distributions	\$	\$	\$
Untaxed Pension and Annuity Income	\$	\$	\$
Housing, Food and Other Living Allowances paid to you	\$	\$	\$
Non-Educational Veterans Benefits (Exclude GI Bill Benefits)	\$	\$	\$
Other Untaxed Income (Workers Compensation/Disability)	\$	\$	\$
Additional Financial Information			
Child Support Paid	\$	\$	\$
Alimony Paid	\$	\$	\$
Taxable Combat Pay or Special Combat Pay	\$	\$	\$

For any actual income amounts reported, submit/attach supporting documents and include the student's name and SID on each page.

PLEASE SEE OTHER SIDE FOR REMAINDER OF FORM, INCLUDING SIGNATURE CERTIFICATION

Please submit your form by mail or online at www.colorado.edu/financialaid/forms/secure-document-upload
77 UCB • Boulder, Colorado 80309-0077 www.colorado.edu/financialaid

CU Boulder has a responsibility to provide a safe and nondiscriminatory environment. If you disclose that you have been impacted by sexual misconduct, protected-class discrimination or harassment, intimate partner violence, stalking, or related retaliation, we are required to share that information to the CU Office of Institutional Equity and Compliance (OIEC) for outreach regarding support and reporting options. You are not required to respond to OIEC. If you need support, including confidential assistance, visit: colorado.edu/oiec/support-resources/cu-boulder-resources. If you have questions before you submit, contact the confidential Office of Victim Assistance.

Additionally, please note that the university takes disclosures around threat of harm to self or others seriously and when information of this nature is received, it will be shared with the appropriate offices to offer additional support and resources.

Parent signature

Electronic and typed signatures are not acceptable.

Date