Student 2026 Estimated Income

Office of Financial Aid
UNIVERSITY OF COLORADO BOULDER

Name: _____ **ID:** _____
Student's Name (Last, First, M.I.) Student Identification Number (SID)

Complete this form to report estimated income for 2026 for reconsideration of aid for the 2026-27 school year.

Instructions

1. Provide actual and estimated 2026 income in the table below for the student and spouse, if applicable.
2. Write a detailed explanation about your change in income on the second page of this form.
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 Jan. 1, 2026 to today** (date of appeal)	***Estimate* amounts from today** (date of appeal) **to Dec. 31, 2026**	***Total*** (estimated) **amounts for 2026**
Student gross earnings from employer(s)	$	$	$
Spouse 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	$	$	$
Foreign Earned Income Exclusion	$	$	$
Untaxed Income			
IRA Deductions/Payments to SEP, SIMPLE, Koegh	$	$	$
Tax Exempt Interest Income	$	$	$
Untaxed Portions of IRA Distributions	$	$	$
Untaxed Pension and Annuity Income	$	$	$
Additional Financial Information			
Alimony Paid	$	$	$

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

Write a detailed explanation about your change in income:

CU Boulder has a responsibility to provide a safe and nondiscriminatory environment. If your appeal references sexual misconduct or protected class discrimination or harassment, the Office of Financial Aid is obligated to report allegations of this nature to the Office of Institutional Equity and Compliance (OIEC) in addition to considering your appeal on these grounds. OIEC may contact you in this case, but you are not required to respond if you so choose.

Student signature _____ Date _____

Signature of Student's Spouse (if applicable) _____ Date _____
Electronic and typed signatures are not acceptable.