

# Student Estimated Income Form

2019 (Fall 2019, Spring 2020, Summer 2020)



Office of Financial Aid  
UNIVERSITY OF COLORADO BOULDER

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

ID: \_\_\_\_\_  
Student Identification Number (SID)

## Instructions

1. Provide actual and estimated 2019 income for the student and spouse, if applicable.
2. 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.
3. 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 1/1/19 to today (date of appeal)	Estimate amounts from today (date of appeal) to 12/31/19	Total (estimated) amounts for 2019
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	\$	\$	\$
<b>Untaxed Income</b>			
Payments to Tax-Deferred Pension and Savings Plan	\$	\$	\$
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 (Worker's Compensation/Disability)	\$	\$	\$
Other Income (Bills Paid on your behalf)	\$	\$	\$
<b>Additional Financial Information</b>			
Child Support Paid	\$	\$	\$
Alimony Paid	\$	\$	\$
Taxable Earnings from Need-Based Work-Study	\$	\$	\$
Student Grants or Scholarships Reported to IRS	\$	\$	\$
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.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please submit your form by mail, fax or online at <https://www.colorado.edu/financialaid/forms/secure-document-upload>  
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