

Student Estimated Income Form

2017 (Fall 2017, Spring 2018, Summer 2018)



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 2017 income for the student and spouse, if applicable.
2. For any income listed, submit supporting documentation. (This can 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.)
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 1/1/17 to today (date of appeal)	Estimated amounts from date of appeal to 12/31/17
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	\$	\$
Untaxed Income		
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	\$	\$
Other Untaxed Income (Worker's Compensation/Disability)	\$	\$
Other Income (Bills Paid on your behalf)	\$	\$
Additional Financial Information		
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	\$	\$

Student signature

Date

Signature of Student's Spouse (if applicable)

Date

Electronic and typed signatures are not acceptable.

Please submit your form by mail, fax or online at <https://ofa.colorado.edu/fileupload/>
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