Cloud County Community College Financial Aid Office
2020-2021 Academic Year – Estimated Income Form

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Last Name	First Name	MI

CCCC ID# or SSN	Phone number (include area code)

Please Provide the Following:

1. **Estimated income only for the person who has experienced a loss of income.**

2. **Submit supporting documentation listed below. Additional documentation may be requested.**
    - ☐ The most recent year-to-date paystub(s).
    - ☐ A letter from the employer documenting the last date of employment. This must be on letterhead.
    - ☐ A statement of severance payments and benefits from your employer.
    - ☐ A statement of unemployment benefits (if applicable).

3. **If a line is left blank, you are certifying you have received no income of that kind.**

List Estimated Income for 2020		
	Student &/or Spouse	**Parent(s)**
Sources of Taxable Income	**Estimated Income for 2020 tax year**	**Estimated Income for 2020 tax year**
Estimated 2020 Gross Earnings from Work / Student		--------------------------
Estimated 2020 Gross Earnings from Work / Spouse		--------------------------
Estimated 2020 Gross Earnings from Work / Father	-------------------------------	
Estimated 2020 Gross Earnings from Work / Mother	-------------------------------	
Severance Pay		
Unemployment Compensation		
Business Income		
Interest or Dividend Income		
Rental Income		
Farm/Ranch Net Income		
Capital Gains		
Taxable Pension and/or Annuity Income		
IRA/Retirement Account Withdrawals		
Taxable Social Security Benefits/Disability		
Workmen's Compensation		
Alimony Received		
Sources of Untaxed Income		
Child Support Received for all in the household		
Housing, food and other living allowances paid to you		
Veterans non-education benefits, such as disability, death pension, or dependency & indemnity compensation		
Other Untaxed Income		

Certification Statement ~ By signing this form, I certify that all the information reported is complete and accurate.

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Student Signature	Date	Parent Signature (**Required for Dependent Student**) Date