2011 Projected Year Income Form – Dependent Student

Student’s Name: ____________________________  UCI ID Number: ____________________________

Student’s E-mail: ____________________________  Student’s Contact Phone #: ____________________________  Parent’s E-mail: ____________________________  Parent’s Contact Phone #: ____________________________

1. Reason for Request
   □ Unemployment or significant drop in income    □ Loss of child support
   □ Disability of a parent    □ One-time income
   □ Other income reduction – please specify ____________________________________________________________

2. Provide an estimated itemization of all resources (taxable and non-taxable) your family expects to receive or have already received between January 1, 2011 and December 31, 2011.

   **Description of Taxable Income and Resources**
   **Estimated income 01/01/11 to 12/31/11**
   **Father**
   **Mother**
   Wages, salaries and tips $ $
   Severance payment $ $
   Unemployment benefits $ $
   Retirement, pension and annuities $ $
   IRA, 401K and 403B distribution $ $
   Alimony $ $
   Other* (specify): $ $
   Other* (specify): $ $
   **TOTAL** $ $

*Other income could include: capital gains partnerships, S-corporation trusts, rents, royalties, and business/farm income. If this is a negative amount, attach explanation and documentation.

   **Description of Non-taxable Income and Resources**
   **Estimated income 01/01/11 to 12/31/11**
   **Father**
   **Mother**
   Disability and worker’s compensation $ $
   Social Security Benefits (specify type) $ $
   AFDC/ ADC, TANF, Other Federal Assistance Program $ $
   Child support received $ $
   Foreign income $ $
   Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits) $ $
   Other (specify) $ $
   **TOTAL** $ $

Certification
I hereby certify that the information contained on this form and attached documentation represents all anticipated sources of income for the 2011 calendar year. I agree to provide any additional information requested by the Office of Financial Aid and Scholarships to support the above estimates.

Parent’s Name: Last, First, Middle ____________________________  Parent’s Signature ____________________________  Date ____________________________