

Estimated Year Income part 1 of 2

2011 – 2012

STUDENT / PARENT INFORMATION

Student's Name: _____ MD PA

Yale ID Number: _____ Date of Birth: _____

Student's Permanent Address: _____

Students's Email: _____ Phone: _____

Parent's Email: _____ Phone: _____

2011 INCOME UPDATE

Who is experiencing the loss of wages? Father Mother Both

Father's unemployment start date: _____ Mother's unemployment start date: _____

WAGES EXPECTED IN 2011	2011 ESTIMATED
Wages earned by Mother/Stepmother (January 1, 2011 to present)	\$
Wages earned by Father/Stepfather (January 1, 2011 to present)	\$
Total Expected Wages that will be earned by Mother/Stepmother in calendar year 2011 (January 1 through December 31)	\$
Total Expected Wages that will be earned by Father/Stepfather in calendar year 2011 (January 1 through December 31)	\$
OTHER INCOME EXPECTED IN 2011	2011 ESTIMATED
Severance Pay	\$
Unused Sick Pay	\$
Unused Vacation Pay	\$
Unemployment Benefits	\$
Worker's Compensation	\$
Interest/Dividend Income	\$
Child Support	\$
Social Security Benefits	\$
Payments to Tax-Deferred plans	\$
TANF/Welfare Benefits	\$
Other (please explain)	\$
Total	\$



Estimated Year Income part 2 of 2

2011 – 2012

Please provide documentation listed below (if not available, please include written explanation). We encourage you to write a letter elaborating on your circumstances and attach it to this form.

- If not already on file with our office, please provide a signed copy of the 2010 federal income tax return including all schedules and W-2 forms
- Termination letter or letter verifying reduction in salary
- Documentation of severance package and accrued vacation/sick days (if applicable)
- Documentation of unemployment benefits received or to be received
- Last paycheck stub showing year-to-date earnings (for both parents)
- A Parental Monthly Expenses Statement

CERTIFICATION

I/We certify the information listed above is a complete and accurate breakdown of all expected income, taxed and untaxed, for the calendar year 2011. I further certify that if any of the above information changes, I will immediately notify the Financial Aid Office in writing of the changes.

Mother/Stepmother's Signature: _____ Date: _____

Father/Stepfather's Signature: _____ Date: _____

