

**Estimated Year Income** part 1 of 2

**2021 – 2022**

STUDENT / PARENT INFORMATION

Student's Name: \_\_\_\_\_  MD  PA

Yale ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Permanent Address: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2021 INCOME UPDATE

Who is experiencing the loss of wages? \_\_\_\_\_

Unemployment start date: \_\_\_\_\_

**WAGES EXPECTED IN 2021**

**2021 ESTIMATED**

Wages earned by Parent 1/Step Parent 1 (January 1, 2021 to present) \$

Wages earned by Parent 2/Step Parent 2 (January 1, 2021 to present) \$

Total Expected Wages that will be earned by Mother/Stepmother in calendar year 2021 (January 1 through December 31) \$

Total Expected Wages that will be earned by Father/Stepfather in calendar year 2021 (January 1 through December 31) \$

**OTHER INCOME EXPECTED IN 2021**

**2021 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

**2021 – 2022**

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 2019 federal income tax return including all schedules and W2 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 2021. I further certify that if any of the above information changes, I will immediately notify the Financial Aid Office in writing of the changes.

Parent 1/Step Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/Step Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

