

Estimated Year Income part 1 of 2

2024 – 2025

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: _____

2024 INCOME UPDATE

Who is experiencing the loss of wages? _____

Unemployment start date: _____

WAGES EXPECTED IN 2024

2024 ESTIMATED

Wages earned by Parent 1/Step Parent 1 (January 1, 2024 to present) \$

Wages earned by Parent 2/Step Parent 2 (January 1, 2024 to present) \$

Total Expected Wages that will be earned by Parent 1/Step Parent 1 in calendar year 2024 (January 1 through December 31) \$

Total Expected Wages that will be earned by Parent 2/Step Parent 2 in calendar year 2024 (January 1 through December 31) \$

OTHER INCOME EXPECTED IN 2024

2024 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

2024 – 2025

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 2022 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 2024. 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: _____

