



Income Projection Worksheet 2019-2020

Student Name _____

Bear# _____

The Department of Education allows Financial Aid offices to use professional judgement to re-evaluate financial aid eligibility when the family income changes. *Please note that you must complete a 2019-2020 FAFSA before we can consider making any adjustments. Incomplete petitions will not be processed.* Do not submit worksheet without documentation.

Reason for Change:

- | | | | |
|------------------------------------------------------------------|--------------------------|-------------------------------------------------|--------------------------|
| Loss of income due to loss of job/forced reduction in work hours | <input type="checkbox"/> | Loss of income due to separation from military | <input type="checkbox"/> |
| Loss of one-time income | <input type="checkbox"/> | Financial loss/hardship due to Natural disaster | <input type="checkbox"/> |
| Loss of income due to divorce/separation | <input type="checkbox"/> | | |
| Loss of income due to death of spouse or parent | <input type="checkbox"/> | | |

2019 Income Projection

In addition to the worksheet and documentation requested, please provide a narrative explaining the situation. Document year to date income from ALL resources and project the balance of 2019 using those same resources and provide explanation for why that resource may not continue.

Complete this section to the best of your ability to predict your 2019 income	Parent 1	Parent 2	Student
Expected 2019 income earned from work Provide paystubs with year to date earnings	\$	\$	\$
Expected 2019 unemployment benefits Provide copy of Benefit Payment History	\$	\$	\$
Expected 2019 Disability or Social Security Insurance or Benefits Provide documentation as appropriate	\$	\$	\$
Expected 2019 child support or maintenance Provide documentation as appropriate	\$	\$	\$
Expected 2019 other income and benefits List and document type: _____	\$	\$	\$
Expected 2019 other income and benefits List and document type: _____	\$	\$	\$

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We understand that completing this form does not guarantee financial aid will be increased. We agree that if requested, we will provide additional documentation to support the information provided on this form. We understand that failure to provide the requested information will result in denial of this application. We understand that this form does not guarantee a change in the amounts or types of financial aid awarded and that professional judgment decision may result in decreased eligibility for certain financial aid programs. The Office of Financial Aid reserves the right to review all requests on a case by case basis and make adjustments if deemed appropriate. FAFSA Warning: If you purposely give false or misleading information on this form, you are subject by the federal government to a \$10,000 fine, a prison sentence or both.

Student's Signature

Date

Parent's Signature

Date

Parent's E-mail address

Please return completed form to:
University of Northern Colorado
Office of Financial Aid
Campus Commons
Greeley, CO 80639
or fax to: (970) 351-3737