



## 2020 Income Projection Worksheet

Student Name \_\_\_\_\_

Bear# \_\_\_\_\_

The Department of Education allows Financial Aid Offices to use professional judgment to re-evaluate financial aid eligibility when the family circumstances change. Please note that you must complete a FAFSA for the academic year you are appealing before we can consider making any adjustments. Incomplete petitions will not be processed.

**Do not submit this worksheet without supporting documentation.**

### 2020 Income Projection

Document year to date income from ALL sources PLUS estimate future 2020 income.

Complete this section to the best of your ability to predict your 2020 income:	Parent 1	Parent 2	Student	Student's spouse (if married)
Expected 2020 income earned from work ➤ Provide paystubs with year-to-date earnings	\$	\$	\$	\$
Expected 2020 unemployment benefits ➤ Provide copy of Benefit Payment History	\$	\$	\$	\$
Expected 2020 Disability or Social Security Insurance or Benefits ➤ Provide documentation as appropriate	\$	\$	\$	\$
Expected 2020 child support or maintenance ➤ Provide documentation as appropriate	\$	\$	\$	\$
Expected 2020 other income and benefits ➤ List income source and document type: _____	\$	\$	\$	\$
Expected 2020 other income and benefits ➤ List income source and document type: _____	\$	\$	\$	\$

**Please, do not leave any blank fields above**

**Failure to provide appropriate supporting documentation will result in delays or denial of your appeal**

*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/Student's Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's E-mail address \_\_\_\_\_

**Please upload a complete and signed form as well as supporting documentation to your Professional Judgment Appeal Request on your Ursa account. You may upload them under Supporting Documentation (multiple documents can be attached).**

**PLEASE NOTE: TYPED ELECTRONIC SIGNATURES OR DOCUSIGN SIGNATURES ARE NOT ACCEPTED.**