

**Projected Income Form 2024-2025**

Student Name: \_\_\_\_\_ RAM ID: \_\_\_\_\_

In order to re-evaluate your application for financial aid using your projected family income; please provide the following income and/or benefits for the period of **January 1, 2024 through December 31, 2024.**

**Projected Income Sources:**

**Student/Spouse    Parent(s)**

**1. Taxable:**

- a. Income earned from work **1/1/24 to 12/31/24**  
**(attach copy of most recent pay stub from each job worked)**    \$ \_\_\_\_\_
- b. Unemployment compensation  
**(attach copy of most recent unemployment benefit statement)**    \$ \_\_\_\_\_
- c. Severance benefits  
**(attach documentation of company severance package)**    \$ \_\_\_\_\_
- d. Other Source(s) \_\_\_\_\_  
**(please list)**    \$ \_\_\_\_\_

**2. Untaxable:**

- a. Social Security benefits    \$ \_\_\_\_\_
- b. Payments to tax-deferred and savings plans (401 (K) & 409 (b))    \$ \_\_\_\_\_
- c. Child Support    \$ \_\_\_\_\_
- d. Untaxed portion of pensions    \$ \_\_\_\_\_
- e. Worker's Compensation    \$ \_\_\_\_\_
- f. TANF/welfare benefits    \$ \_\_\_\_\_
- g. Other **(please list)** \_\_\_\_\_    \$ \_\_\_\_\_

**\*\*Please see reverse side for required documentation\*\***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 1's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Required Documentation\*\***

1. Verification of previous year's income. This would include a 2023 Tax Return Transcript from the IRS and W-2 forms for student and parent(s), if dependent or student and spouse, if married. If 2023 tax returns were not filed for parents or independent students including their spouse, Verification of Non-Filing status from the IRS must be submitted.
2. Projected Income Adjustment Form estimating total income from **1/1/24 through 12/31/24** (complete reverse side).
3. Verification of loss of income. This could be a letter from previous employer, notice of termination, notice of loss of benefits (social security, social services, and unemployment), etc.
4. Verification of the amount(s) of income and the source(s) as reported on the reverse side of this form.
5. Family Size Verification Worksheet.