



EMORY UNIVERSITY

Projected Year Income

Emory University
Office of Financial Aid
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Atlanta, GA 30322

Phone: 404.727-6039
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Email: finaid@emory.edu

Student's Name:	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent via email to the student's email address marked as preferred in OPUS.	Last 4 Digits of Student SSN (if ID Number Unknown): XXX - XX - _____

PROJECTED YEAR INCOME Please list estimated amounts from January 1 to December 31 for the current year.			
		PARENT 1	PARENT 2
Taxable Income	Wages and salary	\$	\$
	Severance pay	\$	\$
	Unemployment compensation	\$	\$
	Interest and dividend income	\$	\$
	Business or real estate income/loss	\$	\$
	Taxable IRA/pension/annuity distribution	\$	\$
	Other taxable income (state tax, alimony, capital gain, taxable social security, etc.)	\$	\$
Untaxed Resources	Untaxed pension distributions (excluding rollovers)	\$	\$
	Payments to IRA/401k/other plans	\$	\$
	Worker's Compensation	\$	\$
	Disability Benefits	\$	\$
	Untaxed Social Security/ SSI Benefits	\$	\$
	Child Support Received for All Children	\$	\$
	SNAP, AFDC/ADC or TANF	\$	\$
	Cash/gifts paid on your behalf by friends or relatives (in kind support)	\$	\$
	Other untaxed income (tax exempt interest, Welfare, Earned Income Credit, etc.)	\$	\$
	Other (explain) _____ _____	\$	\$
Total Annual Income (add all of the resources)		\$	\$

Certification Statement

I certify that the information I am providing is true, complete, and correct to the best of my knowledge. Both parent and student agree to notify the Office of Financial Aid if the circumstance changes, if employment is obtained, or other sources of income are found. I understand that the decision of the appeals committee will be emailed to the email address marked as preferred in OPUS.

Student's Signature _____ Date _____
Parent's Signature _____ Date _____