

**2008 - 2009**

Return to:  
 Claremont McKenna College  
 Financial Aid Office  
 890 Columbia Avenue  
 Claremont, CA 91711-6425  
 (909) 607-0661 fax  
[finaid@claremontmckenna.edu](mailto:finaid@claremontmckenna.edu)

Name of Student Applicant (please print):		
_____	_____	_____
Last	First	Middle Initial
ID Number: _____		

**STUDENT ESTIMATED YEAR INCOME STATEMENT FOR 2008**

You have indicated a decrease in your income in 2008. Please provide the following information:

- 1) Date employment ceased (if applicable) \_\_\_\_\_
- 2) Estimated income earned by student from January 1, 2008 to December 31, 2008 \$ \_\_\_\_\_
- 3) Estimated income earned by spouse from January 1, 2008 to December 31, 2008 \$ \_\_\_\_\_
- 4) Student's taxable income (other than earned wages) expected from 01/01/08 to 12/31/08 (unemployment compensation, interest income.) \$ \_\_\_\_\_
- 5) Spouse's taxable income (other than earned wages) expected from 01/01/08 to 12/31/08 (unemployment compensation, interest income, etc.) \$ \_\_\_\_\_
- 6) Non-taxable income from 01/01/08 to 12/31/08 from the following sources:
  - A) Deductible IRA and/or Keogh payments \$ \_\_\_\_\_
  - B) Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings.) Include untaxed portions of 401(K) and 403(B) plans. \$ \_\_\_\_\_
  - C) Social Security Benefits \$ \_\_\_\_\_
  - D) Child Support \$ \_\_\_\_\_
  - E) TANF/Welfare Benefits \$ \_\_\_\_\_
  - F) Untaxed portions of pensions (excluding "rollovers") \$ \_\_\_\_\_
  - G) Other untaxed income and benefits (please explain and provide expected amount, such as: worker's compensation, foreign income exclusion, etc..).

\_\_\_\_\_

**Please provide copies of written documentation that support the information you have provided. (Last pay stub)**

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I/We certify the information listed above is a complete and accurate breakdown of all expected income, taxed or untaxed, for the 2008 calendar year. *I further certify that if any of the above information changes, I will notify the Financial Aid Office in writing of the changes.*

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

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