

CMC Student's Full Name:	
CMC Student ID#	

Estimated 2018 Income

Itemize all sources of estimated 2018 income (taxed and untaxed). **Do not leave any line blank.** Write in "N/A" if the item does not apply, and attach any relevant, available documentation.

Wages, Salaries, Tips	
Unemployment Benefits	
Worker's Compensation	
Severance Pay	
Accrued Vacation and Sick Leave	
Net Income from Business, Farm, Rents, Royalties, Partnerships, Estates, Trusts	
Interest Income	
Dividend Income	
Capital Gains	
Pensions, IRA Distributions (excluding rollovers), Annuities	
Public Assistance	
Social Security Benefits (excluding benefits received for the student)	
Alimony	
Deductible IRA and/or Keogh Payments	
Payments to Tax-Deferred Pension and Savings Plan (401(K), 403(B) Plans)	
Child Support for All Children	
Housing, Food, and Other Living Allowances	
Foreign Income Exclusion	
Veteran's Non-Education Benefits	
Other Untaxed Income (explain)	
Other Untaxed Benefits (explain)	

You may attach a statement of additional relevant information that you wish the financial aid committee to consider.

We certify that the information listed above is a complete and accurate representation of all expected income for 2018. We further certify that if any of the above information changes, we will immediately notify the Office of Financial Aid.

Student Signature: _____

Date: _____

Parent 1 Signature: _____

Date: _____

Parent 2 Signature: _____

Date: _____