

CMC Student's Full Name:	
CMC Student ID#	

2017 Parent Estimated Year Income Certification

The purpose of this form is to permit parents who have unusual and extraordinary circumstances with respect to income, such as an interruption or change in employment status, to provide figures for 2017 and estimated income figures for 2018. These estimated figures may be used in place of base-year (2016) income when calculating financial need. Complete both sides of this form and return it to the Office of Financial Aid.

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	2017 AMOUNT	2018 AMOUN
Total Earnings/Wages by Parent 1	\$	\$
Total Earnings/Wages by Parent 2	\$	\$
Interest/Dividend Income	\$	\$
Business Profit & Draw	\$	\$
Other Taxable Income (See the worksheet on the back)	\$	\$
Untaxed Income		
Deductible IRA and/or Keogh payments	\$	\$
Payments to Tax-Deferred Pension and Savings Plans-401,403	\$	\$
Child Support Received for All Children	\$	\$
Housing, Food and Other Living Allowances	\$	\$
Veteran's Non-Education Benefits	\$	\$
Other Untaxed Income (See the worksheet on the back)	\$	\$
Total Income	\$	\$
Please provide a brief explanation for the difference between 2017 income and income below. If the change is due to a loss of employment, please provide a coyear-to-date pay stub, and unemployment benefits letter. If the change is determinantly sician.	py of your employment t	termination letter,
income below. If the change is due to a loss of employment, please provide a co year-to-date pay stub, and unemployment benefits letter. If the change is d	epy of your employment to medical reasons	ermination letter, , please provide
certify that the information listed above is a complete and accurate the further certify that a complete and accurate the further certify that if any of the above information changes incial Aid.	epy of your employment to medical reasons	ermination letter, , please provide
income below. If the change is due to a loss of employment, please provide a coyear-to-date pay stub, and unemployment benefits letter. If the change is doownwinglingsician. certify that the information listed above is a complete and accurate 2018. We further certify that if any of the above information changes	epy of your employment to medical reasons to medica	ermination letter, , please provide

Office of Financial Aid, Claremont McKenna College, 888 Columbia Avenue, Claremont, CA 91711

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Annual Income

Itemize all sources of 2017 and 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.

Other Taxable Income	2017 AMOUNT	2018 AMOUNT
Unemployment Benefits (Attach EDD letter documentation)	\$	\$
Worker's Compensation	\$	\$
Severance Pay (Attach letter from employer)	\$	\$
Accrued Vacation and Sick Leave	\$	\$
Capital Gains	\$	\$
Pensions, IRA Distributions (excluding rollovers), Annuities	\$	\$
Other Taxable Income	\$	\$
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 Received for All Children	\$	\$
Housing, Food, and Other Living Allowances	\$	\$
Net Income from Business, Farm, Rents, Royalties, Partnerships, Estates, Trusts	\$	\$
Total	\$	\$
Other Untaxed Income		
Foreign Income Exclusion	\$	\$
Other Untaxed Income (explain)	\$	\$
Other Untaxed Benefits (explain)	\$	\$
Total	\$	\$