MARIAN UNIVERSITY
Indianapolis
Office of Financial Aid · 3200 Cold Spring Road · Indianapolis, IN 46222
317.955.6040 or 800.834.5494 · Fax: 317.955.6424 · finaid@marian.edu

# 2009-10 Parent Expected Income

Student Name:_____ SS# or ID#:_____

Eligibility for need-based aid for the 2009-10 academic year is usually based on 2008 income. Certain conditions allow expected 2009 income to be used to calculate eligibility for certain types of aid. Please check the box that best describes your special circumstance and provide a detailed explanation below of why your 2009 income will be lower than your 2008 income. You may be required to submit supporting documentation (i.e., pay stubs, benefit statements, etc.).

☐Loss of employment ☐Change of employment ☐Loss of other income ☐Divorce/Separation/Death of Parent ☐Other

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**Please estimate your 2009 expected gross income by month. (Use before-tax figures.)**

| | FATHER | | | MOTHER | | |
|---|---|---|---|---|---|---|
| | Income | Unemployment Received | Untaxed* Income | Income | Unemployment Received | Untaxed* Income |
| January | | | | | | |
| February | | | | | | |
| March | | | | | | |
| April | | | | | | |
| May | | | | | | |
| June | | | | | | |
| July | | | | | | |
| August | | | | | | |
| September | | | | | | |
| October | | | | | | |
| November | | | | | | |
| December | | | | | | |
| **TOTALS** | | | | | | |

* Untaxed income may include but is not limited to: child support received for all children, TANF/welfare benefits, ADC/AFDC, earned income credit and social security benefits.

*I certify that all of the information reported above is accurate and complete.*

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Parent Signature Date

**-- NOTE: Return form with a SIGNED copy of your 2008 federal income tax form. --**