

2025-26 Student Expected Income & Special Conditions Form

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

Student Name:				SS# or 1	ID#:			
Eligibility for need-base expected 2025-26 incom special circumstance an You may be required to	e to be used to d provide a de	calculate eligibilit tailed explanation	y for certain types below of why you	of aid. Please of 2025-2026 inc	check the b come will b	ox that best desc	ribes your	
□Loss of employment □Change in employment			□Loss of other income □Divorce/Separation/Death of Spouse □ Oth				Spouse □ Other	
Please estimate your	<u>2025-26</u> exp		ome by month. (U	Jse before-ta				
		STUDENT Unemployment	Untaxed*		SPOUSE (if applicable) Unemployment Unemplo			
	Income	Received	Income	Income	,	Received	Untaxed* Income	
July								
August								
A •1				_				
April								
May			<u></u>					
June				<u> </u>			-	
July				<u> </u>			-	
August September			. ————	-		_		
October			-					
November			-					
December				-			-	
TOTALS			· ———	-				
* Untaxed income may inc	tude but is not in		ort received for all chi ঠাল্পৈন্ডাল্ড		veirare benei	nts, and ADC/AFI	C.	
I certify that all of the in	nformation rep	orted above is acc	urate and complete					
Student Signature					Date			
MOTE D		.1 044	4.77					

NOTE: Return this form to the Office of Financial Aid with:

- ❖ A copy of your 2023 federal income tax return TRANSCRIPT
- ❖ A copy of your spouse's 2023 federal income tax TRANSCRIPT (if filing separately)
- ❖ 2025-26 Federal Verification Worksheet