



**Fort Lewis College Financial Aid Office**  
**2020-21 Estimated Income Form**

**Financial Aid Office**  
 1000 Rim Drive  
 Durango, CO 81301-3999  
 Phone: 970-247-7142  
 Fax: 970-247-7108  
 Toll Free: 1-800-352-7512  
 Email: finaid\_off@fortlewis.edu

STUDENT NAME \_\_\_\_\_ STUDENT ID \_\_\_\_\_

**Instructions:** Provide income in applicable sections. DO NOT LEAVE **ANY** SECTION BLANK. Please write "0" if amounts are, or will be, zero. Return to the Financial Aid Office along with reconsideration of need request form.

SOURCES OF INCOME	PARENT(S) SECTION		
	Actual amounts received in 2019	Actual amounts received from 1/1/20 to date of appeal	Estimated amount to be received from date of appeal to 12/31/20
employment income (include wages, salaries, tips, work-study earnings, business and farm income)	Attach copy of 2019 tax return.	\$ _____ Parent 1  \$ _____ Parent 2	\$ _____ Parent 1  \$ _____ Parent 2
Interest and dividend income	This will be included on tax return.	\$ _____	\$ _____
Unemployment compensation (attach benefit or denied benefit documentation)	This will be included on tax return.	\$ _____	\$ _____
Net amount received from IRA, retirement and/or pension withdrawal	This will be included on tax return.	\$ _____	\$ _____
All capital gains	This will be included on tax return.	\$ _____	\$ _____
Cash received, or money paid on your behalf, not reported elsewhere on this form	\$ _____	\$ _____	\$ _____
Alimony/maintenance	\$ _____	\$ _____	\$ _____
Other income ___ severance pay ___ rental income ___ taxable social security benefits ___ non-education VA benefits ___ life insurance payout ___ foreign income ___ Military or Clergy Housing allowance	\$ _____	\$ _____	\$ _____
Child support RECEIVED for all children	\$ _____	\$ _____	\$ _____

**TURN OVER FOR STUDENT SECTION**

\_\_\_\_\_  
 Parent Signature (for dependent students)

\_\_\_\_\_  
 Date

## STUDENT (AND SPOUSE) SECTION

SOURCES OF INCOME	<u>Actual</u> amounts received in 2019	<u>Actual</u> amounts received from 1/1/20 to date of appeal	<u>Estimated</u> amount to be received from date of appeal to 12/31/20
Employment income (include wages, salaries, tips, work-study earnings, business and farm income)	Attach copy of student's and/or spouses 2019 tax return.	\$ _____ Student  \$ _____ Spouse	\$ _____ Student  \$ _____ Spouse
Interest and dividend income	This will be included on tax return.	\$ _____	\$ _____
Unemployment compensation (attach benefit or denied benefit documentation)	This will be included on tax return.	\$ _____	\$ _____
Net amount received from IRA, retirement and/or pension withdrawal	This will be included on tax return.	\$ _____	\$ _____
Capital gain and/or other gains	This will be included on tax return.	\$ _____	\$ _____
Cash received, or money paid on your behalf, not reported elsewhere on this form (do not include cash received from a parent whose information is provided on this form)	\$ _____	\$ _____	\$ _____
Alimony/maintenance	\$ _____	\$ _____	\$ _____
Other income <input type="checkbox"/> severance pay <input type="checkbox"/> rental income <input type="checkbox"/> taxable social security benefits <input type="checkbox"/> non-Education VA Benefits <input type="checkbox"/> life insurance payout <input type="checkbox"/> foreign income <input type="checkbox"/> Military or Clergy Housing allowance	\$ _____	\$ _____	\$ _____
Child support RECEIVED for all children	\$ _____	\$ _____	\$ _____

I/we certify that the information listed is true and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student's spouse  
(if applicable)

\_\_\_\_\_  
Date