

# Income Projection Form – 2018-2019

## STUDENT INFORMATION

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Name: \_\_\_\_\_ ACC Student ID: \_\_\_\_\_

## INCOME INFORMATION

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Please complete this form and submit it with your professional judgment. Provide information below to estimate 2018 income for all individuals whose information is on the FAFSA.

**1) List employer(s) from January 1, 2018 through December 21, 2018:**

**A) Student Information:**

Employer Name \_\_\_\_\_ Dates Of Employment \_\_\_\_\_ to \_\_\_\_\_

Wage/Salary per hour/month \_\_\_\_\_ Average hours per week: \_\_\_\_\_

**B) Spouse's Information(if married):**

Employer Name \_\_\_\_\_ Dates Of Employment \_\_\_\_\_ to \_\_\_\_\_

Wage/Salary per hour/month \_\_\_\_\_ Average hours per week: \_\_\_\_\_

**C) Parent 1 Information (if dependent) Parent's Name \_\_\_\_\_**

Employer Name \_\_\_\_\_ Dates Of Employment \_\_\_\_\_ to \_\_\_\_\_

Wage/Salary per hour/month \_\_\_\_\_ Average hours per week: \_\_\_\_\_

**D) Parent 2 Information (if dependent) Parent's Name \_\_\_\_\_**

Employer Name \_\_\_\_\_ Dates Of Employment \_\_\_\_\_ to \_\_\_\_\_

Wage/Salary per hour/month \_\_\_\_\_ Average hours per week: \_\_\_\_\_

**2) List other sources of income (severance, retirement benefits, unemployment compensation) for 1/1/18-12/31/18:**

A) Source: \_\_\_\_\_ Amount \_\_\_\_\_

B) Source: \_\_\_\_\_ Amount \_\_\_\_\_

I affirm that all of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide documentation of all information on this form.

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**Student Signature and Date**

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**Parent Signature and Date**

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