



Office of Financial Aid
 5900 S. Santa Fe Drive
 Littleton, CO 80120
 Main: 303.797.5661
 Fax: 303.797.5663
 finaid@arapahoe.edu

Income Projection Form – 2017-2018

A. STUDENT INFORMATION

Name: _____ ACC Student ID#: **S** _____

B. INCOME INFORMATION

Please complete this form and submit it with your professional judgment. Provide information below to estimate 2017 income for all individuals whose information is on the FAFSA.

1) List employer(s) from January 1, 2017 through December 21, 2017:

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 1/1/17-12/31/17:

A) Source: _____ \$ _____
 B) Source: _____ \$ _____

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.

Student Signature Please print this form and sign

Date

Parent Signature (if student is dependent)

Date