



2017-18

# Student: Estimated Income



**AZUSA PACIFIC**  
UNIVERSITY

Please complete all sections using **BLACK INK**.

Student's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M. I. \_\_\_\_\_

APU ID Number \_\_\_\_\_

**Why are you being asked to complete this form?** You sent us a letter/petition indicating that your ESTIMATED income will be different than the 2015 income reported on the FAFSA. In order to take this information into consideration, we need the documentation listed below for your file.

1. **Attach a copy of documentation verifying loss or change of employment.**
2. **Complete the information below. EVERY line should be filled in, even if it is "0."**

**Income Sources**

**New Annual Income**

Student Wages (GROSS)	\$ _____
Spouse's Wages (GROSS)	_____
Resources from parents	_____
Resources from others	_____
Child Support <b>Received</b>	_____
Veterans' Benefits	_____
Interest & Dividend Income	_____
TANF (formerly AFDC)	_____
Social Security Benefits	_____
Disability Benefits	_____
Unemployment Benefits	_____
Financial Aid	_____
Other (Specify) _____	_____
<b>TOTAL</b>	<b>\$ _____</b>

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

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

\_\_\_\_\_  
**Date**

