

2022-2023 PARENT ESTIMATED INCOME FORM

Student Name: _____ FIT ID # @ _____

Parent Email: _____ Parent Phone: _____

Please read the entire form, check ALL boxes that apply and follow instructions for each.**Please check appropriate box(es):**

- If your income changed since 2020**, you must submit a signed letter explaining the changes to your income for *the past 12 months*. Please explain the nature of your income change (job loss, job change, disability, etc.) and state the date the change occurred. Please detail all income received in the past 12 months (wages, self-employment, unemployment, disability, etc.) and provide documentation for all sources of income (most recent paystub, W-2s, 1099s, unemployment statement, etc.). Please state the specific amount of income received from each source for the past 12 months. In addition, please estimate your income for the current calendar year. Note: If the change is or may be temporary (such as being unemployed), the committee reviewing your request may ask you to reapply after more time has passed.
- If your income has changed due to unusual circumstances NOT related to earnings** (such as unreimbursed medical expenses, separation/divorce or death in the family) please submit a letter explaining the circumstances and the impact on the total household income for the past 12 months. Please submit any relevant documentation (Explanation of Benefit forms from your insurance company, proof of separate addresses/divorce decrees, death certificates). For separation/divorce or death in the family, please submit relevant income documentation (paystubs, W-2s, etc.). If a joint tax return was filed, please submit a signed copy from the most recent tax year. Please note: medical expenses that are reimbursed by insurance are not considered to affect household income.

By signing this form, I certify that all of the above information is true and complete to the best of my knowledge._____
Parent's Signature_____
Date