Elmhurst College

2018-2019 Income Assessment

2016 Income Information

Student's Name _____ **eNumber** _____

In order to assess your financial need, it is necessary that the Office of Student Financial Services collect income and benefits information requested below. PLEASE ANSWER ALL QUESTIONS FOR THE YEAR 2016.

STUDENT INFORMATION:

Are you 24 years old or older?	☐ YES	☐ NO		
Where did you live in **2016**?	☐ ON OWN	☐ WITH PARENTS	☐ WITH SPOUSE	☐ WITH OTHERS
Did you support yourself in **2016**?	☐ YES	☐ NO		

HOUSEHOLD INFORMATION:

How many family members were living in your/your parent(s)' home in **2016**?	Adults #	Children #
Please complete the following income questions for **2016** with detailed dollar amounts. (If you did not receive any support in a category, enter $0.00).	**Student**	***Parent/Spouse**
*Dependent students must include parent(s)' information. Married students must include spouse's information.		
What did you receive in **income from work?**	$	$
What did you receive in **child support?**	$	$
What did you receive in **disability benefits?**	$	$
What did you receive in **unemployment benefits?**	$	$
What did you receive in **workers' compensation?**	$	$
What did you receive in **social security benefit**s?	$	$
What did you receive in **welfare benefits (TANF, WIC, etc)?**	$	$
What money did you **receive or was paid on your behalf (e.g. bills)?**	$	$
What did you receive in **other income or benefits not reported elsewhere?**	$	$
Did someone else support anyone in the household during **2016**?	☐ YES ☐ NO	

PROVIDE A NARRATIVE ON THE BACK SIDE OF THIS FORM TO EXPLAIN HOW YOU WERE SUPPORTED IN 2016.

CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all reported information is complete and accurate to the best of their knowledge. The student and one parent (if student is dependent) must sign and date this form. You understand that you may be required to provide proof of the information on this form. You further understand that if you do not provide the required documents when requested, no further action will be taken on your financial aid file.

WARNING: If you purposely give false or misleading information on this worksheet for the purpose of accessing federal student aid, Elmhurst College will report your actions to the Inspector General of the U.S. Department of Education.

_____ _____

Student's Signature Date

_____ _____

Parent's Signature for Dependent Students Date

EXPLANATION OF INCOME

Please use this page to support or explain your financial situation. It is important that you provide adequate information so that it is clearly understood how you and/or your family was able to survive on the stated income.

Return Completed Form to the Office of Student Financial Services

Office of Student Financial Services
Elmhurst College
190 Prospect Ave
Elmhurst, IL 60126
(630) 617-3015 phone
(630) 617-3487 fax
www.elmhurst.edu/finaid
SFS@elmhurst.edu