

Office of Financial Aid · 3200 Cold Spring Road · Indianapolis, IN 46222 317.955.6040 or 800.834.5494 · Fax: 317.955.6424 · finaid@marian.edu

2019-20 Student Expected Income & Special Conditions Form

Student Name:			SS# or ID#:				
Eligibility for need-base expected 2019 income to special circumstance and may be required to sub-	o be used to ca d provide a d	alculate eligibility etailed explanation	for certain types n below of why y	of aid. Plo our 2019 i	ease check th ncome will l	ne box that best describ	es your
□Loss of employment □Char		in employment	□Loss of other income		Divorce/Separation/Death of Spouse ☐ Other		
Please estimate your	<u>2019</u> expect	ted gross income	by month. (U	se before		s) SPOUSE (if applicable)
L	Income	Unemployment	Untaxed*		Income	Unemployment	Untaxed*
	псоше	Received	Income		niconie	Received	Income
January _							
February _			_				
March			_				
April _			_				
May			_				
June _							
July _			_				
August			_				
September							
October							
November				<u> </u>			
December							
TOTALS							
* Untaxed income may inc	clude but is not	limited to: child sup	port received for a	ll children,	TANF/welfaı	re benefits, and ADC/AFI	DC.
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I certify that all of the i	nformation re	ported above is acc	curate and comp	lete.			
Student Signature Date							

NOTE: Return this form to the Office of Financial Aid with:

- ❖ A copy of your 2017 federal income tax return TRANSCRIPT
- ❖ A copy of your spouse's 2017 federal income tax TRANSCRIPT (if filing separately)
- **❖** 2019-20 Federal Verification Worksheet

(download from www.marian.edu; Admissions; Financial Aid; How To Apply for Aid)