

Spouse's Signature	Date	<u></u>
Student's Signature	Date	2
I/we certify the information listed above is a complete and act the current year. I/we further certify that if any of the notify the Financial Aid Office in writing of the characteristics.	he above information changes,	
E) Any other untaxed income and benefits (explain and prov such as worker's compensation, etc.)	ride expected amounts,	\$
D) Untaxed portions of pensions (excluding "rollovers"	7)	\$
C) Child Support received		\$
B) Payments to tax-deferred pension and savings plans (pai from earnings). Include untaxed portions of 401(k) ar	•	\$
A) Deductible IRA and/or Keogh payments		\$
6) Projected nontaxable income from Jan 1 to Dec 31 fr	rom the following sources:	
5) Spouse's taxable income (other than earned wages) experiment compensation, interest income, severance of		\$
4) Student's taxable income (other than earned wages) (unemployment compensation, interest income, several		\$
3) Projected income earned by spouse from January 1	to December 31	\$
2) Projected income earned by student from January 1	to December 31	\$
1) Date and nature of change:		
You have indicated a change in your income in the information along with all supporting documents unemployment benefit forms, etc.		_
DATE:	PROJECTED STATEMENT FOR CALENDAR YEAR:	
STUDENTNAME:	STUDENT ID#:	

Return to: Western New England University Office of Financial Aid, 1215 Wilbraham Road, Springfield MA 01119-2684

Fax: 413-796-2081 <u>finaid@wne.edu</u>