



## Enter Anticipated Income for 01/01/2024 – 12/31/2024

**Do not leave anything blank. If your answer is zero, enter "0".**

Income Source	Required Documentation <i>Financial aid staff will advise which year(s) the documentation should be from</i>	Father's/ Stepfather's Income	Mother's/ Stepmother's Income
Actual Earnings from Work	Letter(s) from prior employer(s), stating termination dates—on letterhead, signed and dated. A copy of your most recent pay stub(s) showing year-to-date earnings. Record total earnings from January 1 <sup>st</sup> to the date you stopped working.		
Estimated Earnings from Work	If you have begun a new job(s), provide a copy of your most recent pay stub(s) and estimate your total earnings for the remainder of the year.		
NET Business Income	Provide an estimate of your net income for the entire year. Provide documentation supporting any change. (You may be asked to provide the last 3 years of tax returns).		
Total Pension(s)	Statement from paying agency showing monthly amount received for the year.		
Unemployment Compensation	Unemployment recap showing amount of benefits received. Copy of statement from Unemployment Office showing weekly benefit rate and benefit period. Multiply by the number of weeks you will receive the benefit and record this as your total.		
Other Taxable Income (alimony, capital gains, etc.)	Note the source here and record the total amount you will receive for the year. Source: _____ Provide documentation supporting any change from previous year.		
Child Support Paid Out for 2022 and/or 2023	Note the total you will pay out for the year and provide documentation supporting any change from previous year.		
Untaxed Portions of Pensions (Exclude Rollovers)	Note the total you expect to receive for the year and provide documentation supporting any change from previous year.		
Child Support Received for 2022 and/or 2023	Note the total amount you expect to receive for the year and provide documentation supporting any change from previous year. Include those months for which you have already received payment.		
Worker's Compensation	Copy of benefit statement. Record total expected benefits for the year.		
Other Non-taxable Income	Note source here and record total year income you expect to receive. Source: _____ If there has been a change, provide a copy of a letter from the agency that provided benefits, detailing termination of benefits and copies of summaries of benefits.		
Social Security Benefits	Copy of notification of change in benefits. Estimate the total amount in benefits for the year. Include any totals received for the year prior to the benefit change. Be sure to include benefits for <u>all</u> family members.		
Supplemental Nutrition Assistance Program (SNAP)	Provide statement of benefits		

**Return this form and all accompanying documentation to: Email: [finaid@sunypoly.edu](mailto:finaid@sunypoly.edu) Fax: (315) 792-7220  
Financial Aid Office, SUNY Polytechnic Institute, 100 Seymour Road, Utica, NY 13502 Phone: (315) 792-7210**

FOR OFFICE USE ONLY: Prior Year Circumstance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, estimated income accurate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Special Circumstance Approved:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Old EFC _____
Special Circumstance Denied:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	New EFC _____
Sent Letter: _____		Approved by: _____		Date: _____