



CONNECTICUT COLLEGE

Financial Aid Services - Larrabee Annex 270 Mohegan Avenue, New London CT 06320-4196
Freshman and Transfer Applicants - Phone: 860 439-2216 Fax: 860 439-2159
Matriculated Students - Phone: 860 439-2058 Fax: 860 439-5357
E-mail: finaid@conncoll.edu Web: www.connecticutcollege.edu

2009 2010 Estimate of Income & Special Circumstances Worksheet

When students or the parents of dependent students experience a significant change in income, or have special circumstances that affect their ability to contribute to the cost of education, it may be possible to determine financial aid eligibility using year 2009 income rather than 2008 income, as reported on the application, or to take into consideration other special circumstances. Please follow the instructions below, and provide us with the required documentation. Partially filled out forms, or incomplete documentation will result in a denial of your request.

Student Name:	_____	ID #:	_____
	Last	First	M

1. You must provide the following documentation with this worksheet.

- Submit a detailed statement explaining your circumstances.
- Submit documentation to verify your situation (i.e., most recent pay stubs for all income, verification of untaxed income, letter of termination of employment, divorce decree, Death certificate, physician's statement, medical receipts, etc.).

2. Indicate the circumstances under which you are requesting a recalculation.

A. Loss or reduction of employment.
Write in the date employment was terminated or income was reduced. _____

B. Loss of untaxed income or benefits (child support, social security, etc.)
Write in the date income was terminated or reduced _____

C. One-time income (inheritance, IRA distribution, etc.)
Write in the date income was received. _____

D. Separation or Divorce.
Write in the date of separation/divorce and submit documentation of separate residences. _____

E. Death of student's spouse or parent.
Write in the date of death. _____

F. 2008 medical expenses not covered by insurance. \$ _____

Please attach documentation of unreimbursed medical expenses.
Skip Page 2 and complete Page 3.

*****Complete Reverse Side*****

Awards for the 2009-2010 academic year are based on the 2008 income information. You have indicated a decrease in resources for 2009. If your household resources for 2008 will be significantly different than in 2008, financial aid eligibility **may** be reevaluated using your estimates. Any adjustments to your award on this basis **may** be tentative, until all documentation of actual 2008 income has been received. Estimates provided should be as accurate as possible in order to avoid later adjustments to your aid package.

ENTER '0' OR 'N/A' WHERE APPROPRIATE; DO NOT LEAVE ANY ITEM BLANK.

2009 GROSS TAXABLE INCOME Note: The layout is similar to federal income tax for taxable earnings.	Actual Income (Year-to-Date)	+	Estimated Income (Present-Year-End)	=	Total Income (Add actual plus estimated income)
Wages, salaries, compensation from jobs	XXXX		XXXX		XXXX
Student					
Spouse (if applicable)					
Father/Stepfather					
Mother/Stepmother					
Interest and Dividend Income					
Net income/loss from business (reported on Schedule C or F)					
Severance Pay					
Capital gain/loss (reported on Schedule D)					
Rental income/loss (reported on Schedule E)					
Taxable portions of Social Security					
Taxable portions of pensions/annuity withdrawals					
Income from royalties, partnerships, estates, trusts					
Alimony received					
Unemployment compensation					
Other taxable income					
2009 UNTAXED INCOME					
Social Security/SSI benefits					
Welfare benefits, including AFDC and ADC					
Child support received					
Voluntary contributions to retirement plans (ie. 401(k), 403(b))					
Veteran's benefits					
Housing Allowance (military and clergy)					
Other untaxed income (i.e. foreign income exclusions, worker's compensation, untaxed portion of pensions (no rollovers), etc.)					
2009 EXPENSES					
Child support paid					
Alimony paid					
Medical and dental expenses not reimbursed by insurance (including insurance premiums paid) You must attach itemized proof of these unreimbursed expenses. Receipts, insurance records, your doctor's records, or estimates are all acceptable.					

