

CREIGHTON UNIVERSITY Financial Aid Office
2500 California Plaza, Omaha, NE 68178

PARENTS' ESTIMATED 2008 YEARLY INCOME

award year 2008-09

Student's Full Name (Please print) _____

Student's NET ID _____

Your parents indicated that the family income for the 2008 calendar year will be substantially less than the amount in 2007. So that we may consider using your estimated income to determine your financial aid eligibility, we need documentation as to why and when the family's income decreased.

Parents' 2008 income is less than that from 2007 because of the following: **(Check all that apply with the date it became effective** and use the space below to explain in detail). Along with this form, attach documentation from a third-party that verifies the action indicated below.

Loss of employment: _____ **Separation / Divorce:** _____ **Loss of untaxed benefits:** _____

Working fewer hours: _____ **Other reason:** _____

To the best of your ability, indicate below the income actually earned to date and estimated income for the rest of the calendar year. Please complete each line below and attach documentation for entries. This could be in the form of pay stubs, information from your employer, copy of a court order or a letter from a social service agency. Also provide signed and dated copies of 2007 Federal tax return and W-2 form(s) if you have not already done so.

Father ↓
 Mother ↓

Income Received from:	Actual To-Date \$\$	Estimated for remaining Calendar Yr \$\$		Actual To- Date \$\$	Estimated for remaining Calendar Yr \$\$		Year total (Actual- to- date plus estimated) \$\$
Earnings from Work							
Interest/ Div Income							
Business Income							
Farm Income							
Unemployment Benefits							
Soc Sec Benefits (taxable)							
(untaxed benefits)							
Alimony received							
Pensions / IRA							
Capital Gains							
Rental / Royalty							
Other Untaxed Inc.							
Other (please explain)							

Grand Total: \$\$

I agree to provide Creighton University's Financial Aid Office with all documentation, as may be required or requested, to verify the information shown above. I understand that not providing this information will delay and/or suspend a final decision by the Financial Aid Office. All decisions made by the Financial Aid Office personnel are final with no additional option for appeal.

With my signature below, I certify that the information provided on this form and any supporting forms is true and correct to the best of my knowledge.

Parent Signature

Date signed

Student Signature

Date signed