

Bates College

2016 Income Estimate Due to Loss or Change of Job

You have indicated that you have experienced a change in employment that will affect your income in 2016. Please provide a response for each item shown below. Enter "0" or "N/A" where appropriate. Do not leave any item blank. ***The following items must be attached to this form:***

1. Most recent pay stub showing new or changed salary
2. Last pay stub from former position
3. Statement of any unemployment benefits received or expected
4. Complete copy of any severance or separation agreement from former employer

Student's name: _____ Student's Bates ID #: _____

Name of person experiencing a loss of/change in income: _____

When did this change take place? _____

2016 Gross Taxable Income	A. Income Received Year to Date	B. Estimated Income (Through Year-End)	C. Total Income (A. + B.)
Wages, salaries, compensation - Father/Stepfather <i>(attach copy of last/most recent paystub)</i>			
Wages, salaries, compensation - Mother/Stepmother <i>(attach copy of last/most recent paystub)</i>			
Interest and Dividend Income			
Net income/loss from business (S-Corp or sole proprietorship)			
Severance Pay <i>(attach copy of severance or separation agreement from former employer)</i>			
Pension/annuity withdrawals			
Income from partnerships, estates, trusts			
Unemployment compensation			
Any other taxable income <i>(please specify)</i>			

2016 Untaxed Income	Year to Date	Estimated Income	Total Income for Year
Voluntary contributions to retirement plans such as 401(K) or 403(B) plans and savings plans <i>(paid directly or withheld from earnings)</i>			
IRA, Keogh and/or SIMPLE payment			
Untaxed portion of pension distributions or withdrawals <i>(excluding "rollovers")</i>			

2016 Additional Information

Please use this section to provide additional information concerning your situation, if the above sections did not allow you to explain the circumstances fully. Attach additional pages and documentation as necessary.

Certification

By signing below, I

1. affirm that the data contained on this form is true and complete to the best of my knowledge,
2. acknowledge that submission of information does not guarantee an adjustment to the student's award
3. understand that I am responsible for immediately notifying SFS if this information changes, and that future financial aid awards may be reduced if income estimates are underestimated on this form.

Student: _____ Date: _____

Parent: _____ Date: _____

Please return completed form and supporting documentation to:

**Bates College
 Student Financial Services
 Bates College
 44 Mountain Avenue
 Lewiston, ME 04240**