

Projected Income Statement

Circle One: 2026 2027

1. Identify the reason (from front of this sheet) that a review is requested: _____

2. Identify any taxable income the parent(s) expect to receive January 1 through December 31:

A. Wages, Salaries, Tips (Use Worksheet Below): Father \$ _____ Mother \$ _____

Worksheet for Estimating Wages, Salaries, Tips for the Parent Experiencing Loss of or Change in Employment	
1. What are the year-to-date earnings on your final 2026 or 2027 pay stub for former position? (Please attach copy of pay stub.) Last date of employment: / /	\$ _____
2. What is the amount you are receiving per month for your new position, if now employed? Please include a copy of your last 2 pay stubs documenting your monthly salary Start date for new position, if applicable: / /	\$ _____
3. Number of Months you will receive this income between January 1 and December 31.	_____
4. Total anticipated earnings from new position (Item #2 multiplied by Item #3)	\$ _____
5. Total Anticipated Income for 2026 or 2027 (include in Box A. on Projected Year Income Statement)	\$ _____

B. Taxable portion: Pensions, Annuities and/or Social Security: \$ _____

C. Interest/Dividend Income/Capital Gains: \$ _____

D. Rental Income, Alimony, or Business Income: \$ _____

E. Other Taxable Income (reference 1040): \$ _____

3. Identify any untaxed income the parent(s) expects to receive from January 1 through December 31:

A. Tax Exempt Interest Income: \$ _____

B. IRA Deductions & Payments to Self-Employed SEP/Simple/Qualified Plans: \$ _____

C. Untaxed portion: Pensions and/or Annuities (excluding rollover): \$ _____

D. Foreign Income Exclusion: \$ _____

E. Annual Child Support Received for all children: \$ _____

F. Any Other Untaxed Income: \$ _____

I declare that the information reported on this document is true and accurate, and I understand that the Financial Aid Office reserves the right to deny a possible adjustment when sound documentation is not provided. I understand that Lander University may verify all estimates of income at year end. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in a financial aid over award.

Student's Signature (Required, digital signature not accepted) Phone # _____ Date _____

Parent's Signature (Required, digital signature not accepted) Phone # _____ Date _____

DATA ENTRY		Financial Aid Office Use Only (COUNSELOR REVIEW)	
RRAAREQ	xxPCAR = N Insert CNSLV = N	Review PCAR instructions for all required docs. If not collected, note why. NOTE: You ONLY must complete verification first if selected for verification.	
	PJPTAX, if applicable PJPW2, if applicable PJSTAX, if applicable PJSW2, if applicable PJNLU, if applicable	FAO Counselor/Committee Decision (circle) Verification Completed and RNAVrx updated (Note on Verf Review Worksheet adjustments and attach PCAR)	Approved Denied
		RNANaxx/Information Release tab – PJ Used = YES	
		Recalc Need, update ROAUSDF etc and trans #, update RPAAWRD aid and recalc Pell; clear overwards for COA and/or need; forward to Loan Counselor for loan adj	
Initials/date		RRAAREQ – xxPCAR + add CORRP for correction. If IRS DDX= T, set to S if changing tax return data and note trans#	
Fwd to Counselor date		RHACOMM	
IPA: 30% food; 22% housing, 9% transportation expenses, 16% personal care, 11% medical care, and 12% other family consumption		Add to Excel for PJs and mail merge appropriate ltr based on whether ISIR rec'd or paper FAFSA coded	
		CNSLR Initials and date	