



**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 student expects to receive January 1 through December 31:

A. Wages, Salaries, Tips:                      Student \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 (Use worksheet below)

Worksheet for Estimating Wages, Salaries, Tips for the Student/Spouse 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 and/or Annuities:                      \$ \_\_\_\_\_  
 C. Interest/Dividend Income:    \$ \_\_\_\_\_  
 D. Rental Income, Alimony, or Other Income                      \$ \_\_\_\_\_

3. Identify any untaxed income the student and/or spouse expects to receive January 1 through December 31:

A. VA Non-Educational Benefits    \$ \_\_\_\_\_  
 B. Unemployment or Welfare/AFDC Benefits                      \$ \_\_\_\_\_  
 C. Untaxed portion: Pensions and/or Annuities:                      \$ \_\_\_\_\_  
 D. Military or Clergy Housing/Food Allowance                      \$ \_\_\_\_\_  
 E. 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: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	xxSCAR = N Insert CNSLV = N	Review SCAR instructions for all required docs. If not collected, note why. <b>NOTE: You ONLY must complete verification first if selected for verification.</b>	
	PJPTAX, if applicable	FAO Counselor/Committee Decision (circle)	Approved    Denied
	PJPW2, if applicable	Verification Completed and RNAVRxx updated (Note on Verf Review Worksheet adjustments and attach PCAR)	
	PJSTAX, if applicable	RNANAxX/Information Release tab – PJ Used = YES	
Initials/date	PJSW2, if applicable	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	
Fwd to Counselor date	PJNLU, if applicable	RRAAREQ – xxSCAR + add CORRP for correction	
		RHACOMM	
		Add to Excel for PJs and mail merge appropriate ltr based on whether ISIR rec'd or paper FAFSA coded	
		CNSLR Initials and date	

**IPA:**  
 30% food; 22% housing, 9% transportation expenses, 16% personal care, 11% medical care, and 12% other family consumption