

# SAINT MARY'S COLLEGE OF CALIFORNIA

## Student's Estimated Year Income Statement

Student Name: \_\_\_\_\_ SMC ID: \_\_\_\_\_

You have indicated a decrease in income in 2025. Please provide the following information

**1. Check the appropriate reason below and explain**

	Unemployment/Change in employment/Dislocated Worker	Date of change	
	Divorce / Separation	Date of change	
	Death of student's spouse	Date of change	
	Disability of student's spouse	Date of change	

**2. Please provide your projected year income for the period of January 1, 2025 to December 31, 2025, Along with your most recent paystub or pay statement:**

How much will student earn by working from January 1, 2025 to December 31, 2025?	\$
How much will spouse earn by working from January 1, 2025 to December 31, 2025?	\$
Student taxable income (other than earned wages) expected from 1/1/25 to 12/31/25.	\$
Student unemployment compensation, interest income, severance compensation, etc.	\$
Spouse taxable income (other than earned wages) expected from 1/1/25 to 12/31/25.	\$
Spouse unemployment compensation, interest income, severance compensation, etc.	\$

**3. Student and spouse nontaxable income from 1/1/25 to 12/31/25 from the following sources:**

IRA deductions & payments to self-employed SEP, Simple, Keogh and other qualified plans	\$
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings.)	\$
Tax exempt interest income	\$
Child Support received for all children	\$
Housing, food and other living allowances	\$
Untaxed portions of pensions and/or IRA distributions (excluding "rollovers")	\$
Veterans non educational benefits such as Disability, Death Pension or Dependency & Indemnity Compensation and/or VA Educational Work-Study allowances	\$
Any other untaxed income and benefits (please explain and provide expected amount(s), such as: worker's compensation, disability etc.	\$
Money received or paid on your behalf, not reported elsewhere on this form	\$

**I/We certify the information listed above is complete and accurate. I/We further certify that if any of the information above changes, I/We will immediately notify the Financial Aid Office in writing of the changes.**

\_\_\_\_\_  
**Student Signature** **Date**

\_\_\_\_\_  
**Student email**