

**FRANCIS MARION UNIVERSITY
OFFICE OF FINANCIAL ASSISTANCE**

STUDENT'S NAME _____

STUDENT'S FMU ID or SSN _____

REASON FOR REQUEST (Check All That Apply)

_____ Loss of Employment *See below
*List Date That You Lost Employment _____

_____ Reduced work hours _____ Change of employment (less pay)

_____ Other (Explain): _____

ANTICIPATED INCOME STATEMENT

This form is to be completed by the individual seeking an income adjustment for the **2017-2018 academic year.**

NAME _____ RELATIONSHIP TO STUDENT _____

EXPECTED TAXABLE INCOME FOR 2017 (IF NONE, THEN LEAVE BLANK)

EARNINGS FROM WORK	\$
INTEREST FROM ACCOUNTS, INVESTMENTS, ETC.	
DIVIDENDS	
BUSINESS INCOME	
IRA DISTRIBUTIONS	
TAXABLE PORTIONS OF UNEMPLOYMENT COMPENSATION	
TAXABLE PORTIONS OF SOCIAL SECURITY, SSI, DISABILITY BENEFITS	
SEVERANCE PAY	
OTHER TAXABLE INCOME (EXPLAIN):	
TOTAL EXPECTED TAXABLE INCOME FOR 2017	\$

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EXPECTED NON-TAXABLE INCOME FOR 2017

CHILD SUPPORT RECEIVED	
WELFARE BENEFITS (INCLUDING TANF)	
NON-TAXABLE PORTIONS OF UNEMPLOYMENT COMPENSATION	
NON-TAXABLE PORTIONS OF RAILROAD RETIREMENT	
VETERANS BENEFITS (EXCLUDE EDUCATIONAL BENEFITS). INCLUDE DEATH PENSION AND DEPENDENCY AND INDEMNITY COMPENSATION	
JTPA NON-EDUCATIONAL BENEFITS	
FOOD, HOUSING, AND OTHER LIVING ALLOWANCES FOR MILITARY AND CLERGY	
PAYMENTS TO TAX-DEFERRED PENSION AND SAVINGS PLANS (PAID DIRECTLY OR WITHHELD FROM EARNINGS). INCLUDE ONLY UNTAXED PORTION OF 401K AND 403B	
WORKMAN'S COMPENSATION	
OTHER UNTAXED INCOME (EXPLAIN):	
TOTAL EXPECTED NON-TAXABLE INCOME FOR 2017	\$

The information given above reflects my expected income for 2017 to the best of my knowledge.

Signature

Date

Return documentation and completed form to: Francis Marion University
Office of Financial Assistance
PO Box 100547
Florence, SC 29502-0547
(843) 661-1190 (office) (843) 661-1195 (fax)