



QUINCY UNIVERSITY

OFFICE OF FINANCIAL AID

1800 COLLEGE AVENUE ♦ QUINCY, IL 62301-2699

Telephone: 217-228-5260 ♦ Fax: 217-228-5635

Parents' Projected Resource Questionnaire 2016-2017

Student Name

ID

Email Address

The information requested on this form is required to process your request for income and/or resource adjustments that may affect your eligibility for financial aid for the 2016-2017 academic period. We will consider adjustment requests made only for the reasons indicated in Step 1 of this form. Contact the office if you need help determining if completing this form will improve your financial aid package.

Please note: Forms turned in without the requested documentation will be incomplete until all documents are received.

STEP 1: Check all that apply and provide appropriate documentation

<input type="checkbox"/>	One or both parents have experienced unemployment (Note: Submit this form only if one or both parents have been unemployed for at least 10 weeks.) Which parent is unemployed <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Date unemployed occurred: Are you now re-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of re-employment:	Documentation required: Copy of dated severance notice or other item that will verify loss of employment and date. Projected Year Income Declaration form - See form for additional required documents.												
<input type="checkbox"/>	Loss of assets due to economic crisis (Note: Adjustments will not be made for assets held at real estate, bonds, or IRA/401 accounts.) <table border="1"> <thead> <tr> <th>TYPE OF ASSET(S)</th> <th>VALUE AS OF DEC. 2015</th> <th>CURRENT VALUE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	TYPE OF ASSET(S)	VALUE AS OF DEC. 2015	CURRENT VALUE										Documentation required: Statement from bank, broker, etc., certifying loss and market value as of December 2015
TYPE OF ASSET(S)	VALUE AS OF DEC. 2015	CURRENT VALUE												
<input type="checkbox"/>	Loss of business or farm income (Note: Adjustments for self-employment will not be made until the end of the calendar year.) Has the business or farm permanently closed or ceased operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation required: Letter from CPA, accountant, or attorney to verify situation. Re-evaluation may require a copy of your 2015 tax return (1040) schedules.												
<input type="checkbox"/>	Retirement Effective date: Retirement benefits already received, including one-time payments/buyouts \$ Annual retirement benefit to be received: \$	Documentation required: Letter or other documentation verifying the effective date and retirement benefits.												
<input type="checkbox"/>	Disability/Illness Benefit coverage: \$	Documentation required: Documentation from employer/insurance company verifying amount of (or lack of) benefit.												
<input type="checkbox"/>	Natural disaster causing income loss	Documentation required: Documentation of situation and amount of loss.												
<input type="checkbox"/>	Base salary reduction (not overtime)	Documentation Required: Most recent pay stub and a letter from employer confirming reduction.												

Step 2: Provide us with an estimate of your income and resources for the 2016 calendar year.

You **must attach** the documentation you used to arrive at your estimate.

(Note: Please submit a copy of your signed 2015 IRS Form 1040, if you have not already done so.)

2016 ESTIMATED INCOME AND BENEFITS	PARENT 1	PARENT 2	DOCUMENTATION REQUIRED
Wages/tips/salary	\$	\$	2015 W2 forms and most recent pay stub
FIA benefits	\$	\$	FIA verification
Alimony/child support	\$	\$	Friend of the Court or other documentation of amount
Severance pay	\$	\$	Letter from prior employer or wage statement
Unemployment compensation	\$	\$	Unemployment compensation verification
Social Security/SSI	\$	\$	Social Security/SSI statement
Pensions/annuities	\$	\$	Income/interest statement
Business/farm income	\$	\$	CPA statement or other documentation
Rental income	\$	\$	Statement of earnings
Housing allowance	\$	\$	Documentation of allowance
Other:	\$	\$	Documentation of income

Step 3: Certification and authorization

Do not submit this form without required signatures.

The information provided on the questionnaire is complete and accurate to the best of my (our) knowledge and ability. I (we) also agree to contact the office if the information provided changes.

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE