## 2015-2016 INCOME PROJECTION FORM

<table>
<thead>
<tr>
<th>The University of Kansas</th>
<th>KU Visitor Center</th>
<th>Phone: 785-864-4700</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Aid &amp; Scholarships</td>
<td>1502 Iowa St.</td>
<td>Fax: 785-864-5469</td>
</tr>
<tr>
<td><a href="http://www.affordability.ku.edu">www.affordability.ku.edu</a></td>
<td>Lawrence, KS 66045</td>
<td>E-mail: <a href="mailto:financialaid@ku.edu">financialaid@ku.edu</a></td>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>KUID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>ZIP</td>
</tr>
<tr>
<td>Phone</td>
<td>Email Address</td>
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To appropriately estimate your family’s income, please provide information below regarding all income projections for 2015. Each individual whose information is on the FAFSA must complete this form.

### INDIVIDUAL’S RELATIONSHIP TO STUDENT:

- [ ] Father (or Stepfather)
- [ ] Mother (or Stepmother)
- [ ] Spouse
- [ ] Self

### LIST EMPLOYER(S) FROM JANUARY 1, 2015, THROUGH DECEMBER 31, 2015.

1. **(company/employer name)** FROM **(date)** TO **(date)**
   - WAGE/SALARY $________ PER HOUR/WEEK/MONTH
   - AVERAGE HOURS PER WEEK:

2. **(company/employer name)** FROM **(date)** TO **(date)**
   - WAGE/SALARY $________ PER HOUR/WEEK/MONTH
   - AVERAGE HOURS PER WEEK:

### LIST OTHER SOURCES OF INCOME (RETIREMENT BENEFITS, SEVERANCE PAY, ETC.) FROM JANUARY 1, 2015, THROUGH DECEMBER 31, 2015.

1. $________
2. $________

I understand that verification of my projections may be required at the end of the current year. **If I underestimate my projected income, I understand that I may be required to repay aid.**

I affirm that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official to document actual 2015 earnings, I agree to provide proof of all information on this form which may include, but is not limited to: copies of Federal tax returns, schedules, and W-2 forms for 2015.

**SIGNATURE OF INDIVIDUAL WITH INFORMATION ON FORM (REQUIRED)**

Date