

Estimated Income information for 2024

The following section requires you to provide your family’s estimated 2024 income. You will need to provide the amounts for the **ENTIRE YEAR**; do not list hourly or monthly wage rates. Calculate what will be earned for the total 2024 year. Include all income received from January 1, 2024, until present and estimate the amounts to be received from now until December 31, 2024. **Please attach all relevant documents indicating year-to-date income totals to this form such as the most recent paycheck stub.**

DO NOT LEAVE THIS SECTION BLANK. LIST THE **ANNUAL** AMOUNT(S) YOU EXPECT TO RECEIVE IN 2024. IF NO INCOME IS EXPECTED TO BE RECEIVED, PLEASE EXPLAIN BELOW:

Type of Income: (Please List)	Parent(s)/Stepparent(s) Projected 2024 Income	Student (and Spouse, if applicable) Projected 2024 Income
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Expected 2024 Income:	\$ _____ (Total)	\$ _____ (Total)

EXPLANATION IF NO INCOME IS EXPECTED FOR 2023:

C: Statement of Certification and Authorization

- In addition to the student applicant, one parent and/or spouse, if applicable, whose data has been included on this form must sign below. Failure to provide the appropriate signatures will prevent the processing of this form.
- Do not forget to attach all tax transcripts/returns and supporting documentation and submit this information to the OSFA. If any items are missing or incomplete, your reduction in income request cannot be processed.

I certify that all of the information reported on this worksheet is complete and correct. If any of the amounts used on this form change in the future, I/we accept the responsibility for contacting the OSFA, in writing, in order to provide the corrected information. Please be advised that the approval or denial of this request will be sent to your UTEP email address within 7-10 working days.

Student’s Signature

Date

Parent’s Signature [or Spouse’s, if applicable]

Date

(One parent whose income information is being submitted must sign here.)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

For Office Use Only: Approved _____ Not Approved _____ Date _____ Initials: _____