

SAINT MARY'S COLLEGE OF CALIFORNIA

Student's Estimated Year Income Statement

Student Name: _____ SMC ID: _____

You have indicated a decrease in income in 2026. 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, 2026 to December 31, 2026, Along with your most recent paystub or pay statement:

How much will student earn by working from January 1, 2026 to December 31, 2026?	\$
How much will spouse earn by working from January 1, 2026 to December 31, 2026?	\$
Student taxable income (other than earned wages) expected from 1/1/26 to 12/31/26.	\$
Student unemployment compensation, interest income, severance compensation, etc.	\$
Spouse taxable income (other than earned wages) expected from 1/1/26 to 12/31/26.	\$
Spouse unemployment compensation, interest income, severance compensation, etc.	\$

3. Student and spouse nontaxable income from 1/1/26 to 12/31/26 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