



### Section D: Projected Income for the Remainder of 2023

If you or your spouse had a reduction in income for 2023, complete the table below. Enter \$0 for any income not received in 2023.

<b>Projected Taxable/Non-Taxable Income &amp; Benefits for 2023</b> (from date of income loss – December 31, 2023)		
Projected Income for 2023	Student	Spouse (if married)
Income Earned from Work	\$	\$
Other Taxable Income <i>(do not include unemployment income)</i>	\$	\$
Untaxed Social Security Benefits	\$	\$
Child Support Received	\$	\$
Earned Income Credit	\$	\$
Military/Clergy Allowance <i>(housing, food, living allowances paid to military/clergy)</i>	\$	\$
Payments to Tax-Deferred Pension and Retirement Plans	\$	\$
Other Untaxed Income	\$	\$
<b>Totals</b>	<b>\$</b>	<b>\$</b>

### Section E: Unusual Expenses

If you or your spouse have unusual expenses in 2023, check the appropriate box(es) and complete the section below (Section E).  
**If this section does not apply, leave blank and proceed to Section F.**

**Unusual Medical & Dental Expenses**

Amount paid out of pocket for medical/dental expenses not covered by insurance in 2023: \$ \_\_\_\_\_

**Elementary & Secondary Education Tuition for 2023 calendar year** (does not include college expenses)

List the amount of elementary and/or secondary school tuition that you will pay for your dependent child(ren) to attend school during the 2023 calendar year. Do not include amounts covered by scholarships or waivers.

Child's Name	Age	Name of School	Amount of Tuition in 2023
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Unusual Expenses**

List the amount of any other unusual debts or expenses for which you or your spouse will pay in 2023 (such as elderly dependent care, disabled family member, etc.). Do not list consumer debt for discretionary purchases or services.

Type of Expense	Expense Paid By	Amount Paid in 2023
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Section F: Signature(s)

By signing this worksheet, I/we certify that all the information reported on this worksheet is complete and correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*This form must be signed and dated in order to be processed\*\***

Note: Special Circumstance Forms may take up to four weeks to process.