

BENNINGTON COLLEGE

Student Name: _____ SSN: xxx-xx-_____ Date: _____

Parent Expected Income 2020

FOR THE CALENDAR YEAR 2020	MONTHLY	TWELVE MONTHS
Income from work or business		
Severance payment(s)		
Unemployment benefits		
VA benefits, pension or annuity income		
Social Security benefits (total for household)		
Child support or alimony received		
Federal Assistance-Welfare/AFDC/ADC/TANF		
General Relief, Food Stamps		
Value of food, shelter, clothing, cash, etc. provided by another person or group *		
Value of bills paid by another person or group (partner, church, employer, etc.) *		
Estate/trust/inheritance income		
Interest or dividend income		
Family Cash/Savings		
Loan funds available for education costs		
Credit card debt utilized for education costs		
Other: List all other sources of income		
TOTAL		

* If support received from or expenses paid by another person or group:

Name of person _____ Relationship _____

By signing this worksheet, I (we) submit that this information differs from previously submitted IRS tax documents, but is a true reflection of our financial resources. I (we) certify that all information reported is complete and correct.

Parent Signature (if dependent) _____ Date: _____

Student Signature _____ Date: _____