



Student Financial Services
 University of Pennsylvania
 005 Franklin Building
 3451 Walnut Street
 Philadelphia, PA 19104-6270
 www.sfs.upenn.edu

Undergraduate Employment Information Form 2020-2021 Academic Year

Last Name First Date

Penn I.D. #

Address
 Street City State Zip Code

Phone # Fax # Email

School Graduation Date


Additional information about your parent's/spouse's employment is required before we can proceed with our review of your application for financial assistance. Be as accurate as possible. The validity of this information is verified by reviewing your tax returns the following year. Any discrepancy may result in an adjustment of subsequent financial aid awards. **Complete both pages of this form and mail or fax to our office as soon as he/she becomes employed, or by**

A. Employment Status

1. Who was/is unemployed? Parent 1 Parent 2 Spouse
2. Date of employment 3. Date reduced salary became effective
4. a. If unemployed in 2019 what were your gross earnings prior to unemployment? \$
 b. If unemployed in 2020 what were your gross earnings prior to unemployment? \$
5. a. Current employment status: employed unemployed
 b. If presently employed, date of reemployment and gross weekly salary \$
6. a. Is your spouse/other parent currently working? yes no
 b. If yes, what is your spouse's/parent's gross weekly salary? \$

B. Severance Income

1. What amount of separation pay did your parent/spouse receive? \$
2. What dollar amount of accrued vacation and sick leave did your parent/spouse receive in addition to separation pay?
 \$
3. Have they received or will they receive unemployment compensation? yes no
 If no, explain why
 if yes for how many weeks in 2019? 2020? What is the weekly amount? \$
4. List the weekly amount of other benefits received or to be received (workmen's compensation, etc.) \$

FOR OFFICE USE ONLY AID YEAR 2020B UNDERGRAD	EIF	RECEIVED	PROCESSED		 EIF
	75	_____	_____	_____	
	TU	DATE	DATE	INITIALS	

Projected Income Worksheet 2020

C. 2019 Actual Income:

This worksheet will help you project your estimated family income for 2020. It is designed for families who expect a significant reduction in income from 2019 and or part of 2020 due to unemployment, changes in employment, illness, retirement, or sabbaticals. Include any pertinent documentation with this form.

List estimated full year amounts for the following:
(Please explain losses or negative income on a separate page.)

	2019	Estimated 2020
1. Gross total wages, salaries and tips - Parent 1	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
2. Gross total wages, salaries and tips - Parent 2	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
3. Gross total wages, salaries and tips - spouse	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
4. Interest income	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
5. Dividend income	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
6. Unemployment compensation	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
7. Net income from self-employment, farm, rents, partnerships, etc.	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
8. Other taxable income such as pensions, alimony, capital gains/losses, etc.	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
9. Social security benefits (include amounts received for dependent children, except Penn student)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
10. Child support received for all children	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
11. Other non-taxable income (such as disability, untaxed portion of pensions, IRA, 401(k) or 403(b) or other tax deferred annuities, contributions, VA benefits, welfare benefits, etc.)	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
12. Workman's compensation or other supplemental unemployment benefits	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Total income	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

Signature of Parent 1 _____

Daytime Phone Email Address Date

Signature of Parent 2 _____

Daytime Phone Email Address Date

Signature of Spouse: _____

Daytime Phone Email Address Date