



ASSUMPTION COLLEGE

WORCESTER, MASSACHUSETTS | ROME, ITALY

2020-2021 Unemployment Form

Job Loss or Reduction in Wages during 2019

Student Name: _____ Student AC ID#: _____

Name of parent for whom form is being completed _____

Date of unemployment _____

Please forward a letter from your employer documenting the date you were laid off or had a reduction in wages.

Wages earned in 2019 prior to unemployment _____

Please forward a copy of your most recent paystub from the company from which you were laid off/had a reduction in wages.

Severance package from company _____

Please provide a letter from your company documenting your lump sum severance package amount.

Unemployment Benefits _____

Please provide letter from state's unemployment office documenting your monthly wages and the number of weeks you will receive these benefits (Gross Amount)

Other 2019 Taxable Income _____

(i.e. Interest/Dividend income, Business Income)

Untaxed 2019 Income _____

(i.e. social security, etc)

Your expected 2019 wages _____

Please estimate to the best of your ability what you think you may earn with a new position. Do not include any income listed above. DO NOT ESTIMATE \$0 WAGES!

Please use the back of this form to add any comments on your unemployment that you feel would be important to our office when reviewing your son/daughter's file for financial aid eligibility.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____