



**Please indicate the reason for your and/or spouse's change in income. Mark all that apply and attach the required documentation. Attach copies of last payroll check stubs for your parents, if applicable.**

**Period of unemployment from \_\_\_\_\_ to \_\_\_\_\_**

\_\_\_\_ **Layoff**—Provide a letter from employer stating effective date and anticipated return.

\_\_\_\_ **Plant Closing**—Provide a letter from employer stating effective date.

\_\_\_\_ **Termination**—Provide a letter from employer stating effective date.

If this is not available, provide documentation from local unemployment office.

\_\_\_\_ **Disability**—Date of disability (mmddyyyy) \_\_\_\_\_

Attach documentation of disability

\_\_\_\_ **Quit or reduced employment to attend school.**

Provide a letter from employer stating effective date.

\_\_\_\_ **Other**—Please specify and provide appropriate documentation \_\_\_\_\_

### **Loss of Taxable Income**

\_\_\_\_ **Alimony**—Provide court documentation(s) stating termination date of benefits.

\_\_\_\_ **Death of Parent** since Federal application of student aid was filed—Provide Death Certificate.

\_\_\_\_ **Unemployment**—Provide a letter from the unemployment office stating termination date of benefits.

\_\_\_\_ **Other**—Please specify and provide appropriate documentation \_\_\_\_\_

### **Loss of Untaxed Income**

\_\_\_\_ **Social Security**—Provide Social Security Administration notification of termination of benefits.

\_\_\_\_ **Child Support**—Provide a letter or court document stating termination date of benefits.

\_\_\_\_ **Worker's Compensation**—Provide a letter from Bureau of Worker's compensation stating termination date of benefits.

\_\_\_\_ **Other**—Please specify and provide appropriate documentation \_\_\_\_\_

### **Other**

\_\_\_\_ **One-time Income** (i.e. inheritance, moving expense allowance, back year social security payment, or lump sum retirements or IRA distribution). You must attach a separate sheet that identifies source of income and how funds were spent or invested.

\_\_\_\_\_ **Medical or Dental Expenses** You have paid medical or dental expenses for the 2018 calendar year that are not covered by insurance and these expenses exceed 10% of your income. Provide a copy of Schedule A of 2018 federal tax returns or copies of canceled checks for 2018 and confirmation of total amount paid by insurance in 2018.

\_\_\_\_\_ **Elementary and Secondary Education Paid.** You have paid for elementary, junior high and/or high school tuition in the 2018 calendar year for dependents in your family (Not to exceed \$4000 per child). Provide a letter from school stating amount you have paid for tuition in Fall 2018 and Spring 2018.

### Current Income Information

Report all income you have actually received from January 1, 2020 through today. Then estimate all income you expect to receive through December 31, 2020. **YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.** Documentation could include recent pay stubs with year-to-date earnings, W-2 form, a letter from an employer stating your earnings, an estimate of future income, etc. After December 31, 2020, you may be required to submit a copy of your completed 2020 federal tax return.

Income for January 01, 2020 to December 31, 2020	Actual 1/01/20-Today	Estimated Today-12/31/20	Total
Expected 2020 income earned from work by student and /or spouse(wages, salaries, tips, net business/farm income)			
Other taxable income(dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.)			
Social Security Benefits			
Aid to Families with Dependent Children (AFDC/ADC of TANF)			
Child Support Received			
Other untaxed income(earned income credit, welfare benefits, workers comp, payments to IRA/Keogh, etc.)			
Total Income for 2020			

## Current Asset Information

Current amount of cash, savings, and Checking  
(not including any past financial aid) \$ \_\_\_\_\_

Current value of your real estate/investments  
(other than home) \$ \_\_\_\_\_

Current debt on your real estate/investment  
(other than home) \$ \_\_\_\_\_

Current value of your farm/business \$ \_\_\_\_\_

Current debt on your farm/business \$ \_\_\_\_\_

Do you materially participate in the operation  
Of the farm/business Yes \_\_\_\_\_ No \_\_\_\_\_

## Household Information

Name	Relationship to Student	Name of College

If you need additional space to list family member, use back of this page.

### Certification

I certify that the information provided is true and complete to the best of my knowledge. I understand that the penalty for providing false or misleading information is a \$10,000 fine, a prison sentence, or both. I agree to provide proof of the information that I have given on this form if asked by the Office of Financial Aid. I also realize that if I do not provide proof when asked I (the student), will not receive special circumstances consideration.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

