

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 2017 calendar year that are not covered by insurance and these expenses exceed 10% of your income. Provide a copy of Schedule A of 2017 federal tax returns or copies of canceled checks for 2017 and confirmation of total amount paid by insurance in 2017.

_____ **Elementary and Secondary Education Paid.** You have paid for elementary, junior high and/or high school tuition in the 2017 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 2017 and Spring 2017.

Current Income Information

Report all income you have actually received from January 1, 2019 through today. Then estimate all income you expect to receive through December 31, 2019. **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, 2019, you may be required to submit a copy of your completed 2019 federal tax return.

Income for January 01, 2019 to December 31, 2019	Actual 1/01/19-Today	Estimated Today-12/31/19	Total
Expected 2019 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 2019			

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

