



THIS FORM IS FOR INDEPENDENT STUDENTS WHO WILL HAVE SUBSTANTIALLY LOWER TOTAL INCOME IN 2009 THAN IN 2008 FOR ONE OF THE REASONS LISTED. WE WILL REVIEW THE INFORMATION YOU PROVIDE AND DETERMINE WHETHER WE CAN BASE OUR NEED ANALYSIS ON YOUR 2009 INCOME DATA. SUBMIT A COPY OF YOUR 2008 TAX RETURN WITH THIS FORM. PLEASE ALLOW 2-4 WEEKS TO PROCESS THIS INFORMATION.

Student Name: \_\_\_\_\_ GWID: \_\_\_\_\_  
Last First MI

**INDEPENDENT STUDENT STATUS**

You must meet the federal definition of an Independent Student to complete this form. You are an Independent Student if you fit one or more of the following categories. Check those that apply:

- Born before January 1, 1985
- Graduate or Professional Student
- Ward of the court or both parents deceased
- You have legal dependents, other than a spouse, that fit the definition in the FAFSA instructions
- Veteran of the U.S. Armed Forces
- Married

**SPECIAL CONDITION TYPE**

Please check the condition(s) that apply to you and fill in the applicable information.

- An applicant who earned money in 2008 will be unemployed during the 2009-2010 academic year as a result of full-time study. This assumes no part-time earnings. If you expect to work part-time, please refer to condition 2. Verification of resignation from your employer must be attached if the job is located in the Washington Metropolitan area.  
Last day employed \_\_\_\_\_ Last day worked/paid \_\_\_\_\_
- An applicant who earned money in 2008 will change to part-time employment status during their enrollment period. Employer verification must be attached.  
Previous annual salary \$ \_\_\_\_\_ Last day worked full-time \_\_\_\_\_  
Expected earnings \$ \_\_\_\_\_ per hour X \_\_\_\_\_ hrs/week. Date began part-time \_\_\_\_\_
- An applicant who earned money in 2008 will have a different job from last year. Provide name, address, and phone of both employers in the Employment Information section at the top of the next page.  
Previous annual salary \$ \_\_\_\_\_ Last day worked \_\_\_\_\_  
Expected earnings \$ \_\_\_\_\_ per hour X \_\_\_\_\_ hrs/week. Date began \_\_\_\_\_
- Your spouse who earned money in 2008 has become unemployed for at least 10 weeks in 2009 (disabled, retired, fired, laid-off, etc--underline which)  
Date stopped work \_\_\_\_\_ Weekly unemployment compensation \_\_\_\_\_

**EMPLOYMENT INFORMATION**

<b>Prior Employer:</b>	<b>Current Employer:</b>
Name _____	_____
Address _____	_____
Phone _____	_____

**PROJECTED EARNINGS**

<b>List Gross Income:</b>	1/1/09 to 4/30/09	5/1/09 to 8/31/09	9/1/09 to 12/31/09	1/1/10 to 4/30/10
Student Wages	_____	_____	_____	_____
Spouse Wages	_____	_____	_____	_____
Interest Income	_____	_____	_____	_____
Dividend Income	_____	_____	_____	_____
Unemployment Comp	_____	_____	_____	_____
Fellowship/Stipend	_____	_____	_____	_____
Tuition Reimbursement	_____	_____	_____	_____
Other Taxable Income*	_____	_____	_____	_____
<b>Total Taxable Income</b>	_____	_____	_____	_____
* Taxable income such as Alimony, pensions, capital gains, state income tax refund, etc.				
<b>UNTAXED INCOME</b>				
Untaxed disability pay	_____	_____	_____	_____
Workers compensation	_____	_____	_____	_____
Untaxed Pension	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Benefits	_____	_____	_____	_____
Social Security Benefits	_____	_____	_____	_____
Veterans Benefits	_____	_____	_____	_____
Tax-free interest	_____	_____	_____	_____
Other Untaxed Income**	_____	_____	_____	_____
<b>Total Untaxed Income</b>	_____	_____	_____	_____
** Untaxed income such as capital gains, foreign income exclusion (Form 2555), monetary gifts from parents, relatives, and other sources, etc.				
<b>TOTAL (taxed + untaxed)</b>	_____	_____	_____	_____

**ADDITIONAL SOURCES OF FUNDING**

Please list any other scholarships, grants, fellowships, assistantships, athletic grants-in-aid, tuition awards, employee benefits, etc. for the 2009-2010 academic year.

Amount \_\_\_\_\_ Source \_\_\_\_\_

I certify that the above is complete and accurate and understand that repayment will be required if income underestimation results in an overaward. I will inform the Office of Student Financial Assistance in writing within two weeks if any changes to the above information occur.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date