



THIS FORM IS USED TO DOCUMENT CHANGES TO THE STUDENT AND/OR PARENT'S HOUSEHOLD INCOME. ELIGIBILITY FOR ADDITIONAL FINANCIAL ASSISTANCE CAN ONLY BE CONSIDERED ONCE 2009 TAX INFORMATION HAS BEEN SUBMITTED AND REVIEWED. NOTE THAT SELF-EMPLOYED INDIVIDUALS MAY NOT USE THIS FORM DUE TO THE NATURE OF SELF-EMPLOYMENT INCOME, IF YOU ARE SELF-EMPLOYED PLEASE SUBMIT A LETTER OF EXPLANATION TO OUR OFFICE IN LIEU OF THIS FORM.

- INDICATE WHICH SPECIAL CONDITION(S) APPLIES
- ATTACH DOCUMENTATION FROM FORMER AND CURRENT EMPLOYERS (WHEN APPLICABLE) TO SUBSTANTIATE ANY REDUCTION IN WAGES
- COMPLETE THE PROJECTED 2010 INCOME SECTION ON THE NEXT PAGE. IF ZERO, WRITE -0-. DO NOT LEAVE BLANK.
- IF YOU ARE COMPLETING THIS FORM AFTER 12/31/10, PLEASE ATTACH COPIES OF ALL YEAR END PAY STUBS AND W-2S TO SUBSTANTIATE THE ACTUAL 2010 INCOME EARNED.

IF YOUR CIRCUMSTANCES HAVE CHANGED DUE TO DEATH, SEPARATION, OR DIVORCE OF A PARENT OR SPOUSE, PLEASE CONTACT OUR OFFICE ABOUT PROCEDURES REGARDING THESE CIRCUMSTANCES.

**NOTE IF YOU ARE ELIGIBLE FOR UNEMPLOYMENT COMPENSATION YOU MUST APPLY FOR IT AND DETERMINE THE WEEKLY AMOUNT BEFORE SUBMITTING THIS FORM.**

*PLEASE ALLOW 2-4 WEEKS FOR PROCESSING TIME.*

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

### SPECIAL CONDITION TYPE

SPECIAL CONDITION APPLIES TO:  Student  Parent  Student's Spouse

Name (if other than student): \_\_\_\_\_

**Loss of employment (for at least 10 weeks)**

Disabled  Forced Retirement  Terminated  Laid Off  Other (Please explain.)

Last day employed: \_\_\_\_\_ Last day worked/paid: \_\_\_\_\_

Are you eligible for unemployment compensation?  Yes  No (include projected amounts on the next page)

If not, reason for ineligibility? \_\_\_\_\_

**Reduction in salary / wages**

New Job with reduced income  Full-time study  Part-time study  Other (Please explain.)

Last day with former employer: \_\_\_\_\_ Start date with new employer (when applicable): \_\_\_\_\_

<b>2010 PROJECTED EARNINGS</b>						
<b>Type of Income</b> <small>(use gross figures only)</small>	<b>PARENT INFORMATION</b>			<b>STUDENT AND SPOUSE INFORMATION</b>		
	1/1/10 thru Today	Today thru 12/31/10	Year Total	1/1/10 thru Today	Today thru 12/31/10	Year Total
Parent 1 / Student Wages	_____	_____	_____	_____	_____	_____
Parent 2 / Spouse Wages	_____	_____	_____	_____	_____	_____
Interest Income	_____	_____	_____	_____	_____	_____
Dividend Income	_____	_____	_____	_____	_____	_____
Severance Payment	_____	_____	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____	_____	_____
IRA/Pension Distributions	_____	_____	_____	_____	_____	_____
Fellowship/Stipend	_____	_____	_____	_____	_____	_____
Tuition Reimbursement	_____	_____	_____	_____	_____	_____
Other Taxable Income*	_____	_____	_____	_____	_____	_____
<b>TOTAL TAXABLE INCOME</b>	_____	_____	_____	_____	_____	_____
Untaxed Disability Pay	_____	_____	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____	_____	_____
Untaxed Pension	_____	_____	_____	_____	_____	_____
Child Support	_____	_____	_____	_____	_____	_____
AFDC/Welfare Benefits	_____	_____	_____	_____	_____	_____
Social Security	_____	_____	_____	_____	_____	_____
Veterans Benefits	_____	_____	_____	_____	_____	_____
Tax-free Interest	_____	_____	_____	_____	_____	_____
Other Untaxed Income**	_____	_____	_____	_____	_____	_____
<b>TOTAL UNTAXED INCOME</b>	_____	_____	_____	_____	_____	_____

\* alimony, pensions, capital gains, state income tax refund, etc.  
 \*\* capital gains, foreign income exclusion (Form 2555), monetary gifts from parents, relatives, and other sources, etc.

<b>ADDITIONAL SOURCES OF FUNDING</b>	
Please list any other scholarships, grants, fellowships, assistantships, athletic grants-in-aid, tuition awards, employee benefits, etc. for the 2010-2011 academic year.	
Amount _____	Source _____
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.

Signature \_\_\_\_\_ Date \_\_\_\_\_