

Student's Name: _____ ID # or campus key: _____

1. Will your income or your spouse's income be less in 2019 than in 2017 for any of the reasons listed below? _____ Yes _____ No

2. Please check the appropriate reason and explain, giving the date of the change in your situation. Date: _____

*** YOU MUST ATTACH A WRITTEN EXPLANATION, submit copies of your 2018 tax return (please delete all Social Security numbers) and attach documentation of the change***

a. ___ Unemployment or change in employment for _____
(student or spouse?)

b. ___ Divorce/Separation

c. ___ Death of Spouse

d. ___ Disability of Spouse

e. ___ One-time income (e.g. inheritance, moving expense allowance, back year social security payments, or distributions from IRA or pension etc).
Identify source of income and how funds were spent or invested: _____

3. If 2a, 2b, 2c or 2d are checked, please complete the back of this form using income information for the period 1/2019 to 12/2019. *

4. If the loss of income is due to the death of your spouse, give only the information about yourself.

* see reverse side

5. Please provide anticipated income for the entire calendar year 2019. Do not put hourly wage rates but instead compute what will be earned for the year. List income that was received from January 1, 2019, until now in the first column and estimate the amounts to be received from now until December 31, 2019, in the second column. Then total the first and second columns.

INCOME FOR JANUARY 1, 2019 TO DECEMBER 31, 2019

Information for Independent Students

Do Not Leave Any Blanks

	Actual + 1/1/19 to Today Date / /	ESTIMATED = Today to 12/31/19 Date / /	TOTAL (Actual + Estimated)
Student's income from work	\$	\$	\$
Spouse's income from work	\$	\$	\$
Taxable interest income	\$	\$	\$
Taxable pensions/annuities	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Taxable portions of Social Security	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Untaxed portions of Social Security	\$	\$	\$
Welfare Benefits of AFDC	\$	\$	\$
Untaxed pensions/annuities	\$	\$	\$
Worker's Compensation	\$	\$	\$
Child support received	\$	\$	\$
Other income:	\$	\$	\$
TOTAL	\$	\$	\$

CERTIFICATION

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, I (the student) may not receive aid. You must notify the financial aid office at once if the financial information on this form changes.

Signature of Student Date

Signature of Spouse Date