

Student Rocket Number

Student Last Name

Student First Name

In Section One, please provide an estimate of your family's 2009 income. If you are a DEPENDENT STUDENT, provide information about you and the parent(s)/step-parent whose information was provided on the 2009-2010 FAFSA. If you are an INDEPENDENT STUDENT, provide information about you (and your spouse, if you are married). Include all income expected from January 1, 2009 through December 31, 2009.

SECTION ONE – ESTIMATED 2009 INCOME

TYPE OF INCOME	ESTIMATED 2009 INCOME	
Gross wages, salaries, severance pay, tips	Father _____	Student _____
	Mother _____	Spouse _____
Unemployment benefits	_____	_____
Retirement benefits/pension	_____	_____
Workers' compensation	_____	_____
Child support received	_____	_____
Alimony	_____	_____
Other income	_____	_____

Certification Statement:

I (We) certify that all of the information provided on this application is true and complete to the best of my (our) knowledge. I (We) understand that further documentation may be requested by the Office of Student Financial Aid before a final decision is made, and that not every documented situation will result in a change in financial aid eligibility.

Student Signature

Date

Parent Signature

Date

IMPORTANT

THIS APPLICATION CANNOT BE REVIEWED UNTIL ALL SUPPORTING DOCUMENTATION HAS BEEN RECEIVED.

DEPENDENT STUDENTS: Submit copies of student and parent(s)/step-parent 2008 federal income tax returns and all 2008 W-2 forms.

INDEPENDENT STUDENTS: Submit copies of student (and spouse, if married) 2008 federal income tax returns and all 2008 W-2 forms.

- AND -

Refer to Sections Two through Five on the following pages to determine the additional supporting documentation you are required to provide. It is recommended that you submit all supporting documentation with this application.

SECTION TWO – LOSS OF TAXABLE INCOME

LOSS OF TAXABLE INCOME

REQUIRED DOCUMENTATION

Loss of job (must be for at least 10 weeks)*

- Employment termination letter and last pay stub received showing 2009 year-to-date earnings – **OR** – letter from past employer stating date employment ceased and 2009 year-to-date earnings
- Copy of unemployment benefits letter stating when benefits began and weekly amount – **OR** - copy of claimant inquiry letter from unemployment office stating weekly amount of benefits, current eligibility status, and total compensation received

* We will not begin reviewing applications for loss of job until **after June 1, 2009**. If you submit your application before this date, please submit a letter and/or documentation updating your employment and income status as of June 1, 2009. Be sure to include the student's name and Rocket Number on the letter and/or documentation.

Change in job (reduction in earnings)

- Employment termination letter and last pay stub received showing 2009 year-to-date earnings – **OR** – letter from past employer stating date employment ceased and 2009 year-to-date earnings
- Copy of most recent 2009 pay stub from new employer
- Letter from new employer stating new rate of pay, average hours worked, and date of hire

Reduction in earnings with same employer

- Copy of most recent 2009 pay stub
- Letter from employer stating new rate of pay, average hours worked, and effective date

Loss of unemployment benefits

- Copy of unemployment benefits termination letter
- Copy of claimant inquiry letter from unemployment office stating weekly amount of benefits, current eligibility status, and total compensation received

Loss of disability benefits

- Letter from employer stating date disability benefits ceased, 2009 year-to-date benefits received, and whether or not you will be returning to work
- Copy of social security benefits letter stating amount of benefits you will receive, if applicable
- Copy of workers' compensation benefits letter stating amount of benefits you will receive, if applicable

SECTION THREE - LOSS OF UNTAXED INCOME

LOSS OF UNTAXED INCOME

REQUIRED DOCUMENTATION

Loss of child support

- Copy of letter from child support enforcement agency stating date of emancipation of child
- Documentation from child support enforcement agency stating monthly amount of child support received prior to emancipation
- If receiving support for other children, documentation from child support enforcement agency stating new monthly amount you will receive

Loss of workers' compensation benefits

- Copy of workers' compensation benefits termination letter
- Documentation of 2009 monthly amount of benefits received prior to termination

SECTION FOUR – LOSS OF A SUPPORTING FAMILY MEMBER

LOSS OF A SUPPORTING FAMILY MEMBER

REQUIRED DOCUMENTATION

Divorce/legal separation of parents or divorce/legal separation from spouse after the FAFSA was filed

- Copy of divorce or legal separation papers – **OR** - letter from attorney stating marital status of parties involved

Death of a parent or spouse after the FAFSA was filed

- Copy of death certificate

SECTION FIVE – ADDITIONAL EXPENSES

ADDITIONAL EXPENSES

REQUIRED DOCUMENTATION

Medical/dental expenses not covered by insurance but paid out of pocket in 2008

- Copy of 2008 Schedule A – Itemized Deductions (if filed with IRS 1040 tax return)
- If you did not file a 2008 Schedule A – Itemized Deductions, submit an itemized list of medical expenses paid and copies of receipts or canceled checks for each medical expense listed

AN INSURANCE EXPLANATION OF BENEFITS IS NOT CONSIDERED PROOF OF PAYMENT AND IS NOT ACCEPTABLE DOCUMENTATION

2008-09 tuition paid for elementary or secondary private school (private school tuition paid in 2008-09 for a student entering college this year will not be considered)

- Receipts from school(s) indicating amount paid and for whom for 2008-09 academic year. College tuition paid for a parent must be for summer 2008, fall 2008, winter 2009, and/or spring 2009.

DO NOT SUBMIT BILLS NOT YET PAID.

- OR -

2008-09 college tuition paid for a parent (**tuition paid by grants, scholarships, or tuition reimbursement plans will not be considered**)

The Office of Student Financial Aid generally will only consider reductions in income or additional expenses for the circumstances listed in Sections Two through Five. It is our policy to **not** consider a reduction in income or additional expenses due to the following:

- Reductions in overtime pay (this will be reflected on the following year's FAFSA).
- Reductions or loss of fringe benefits such as Cost of Living Adjustment (COLA), performance bonuses, holiday pay, or paid days off.
- One-time or lump sum income received due to a company buyout or severance package.
- Loss of windfall income such as lottery or gambling winnings.
- Unusual expenses related to personal living such as wedding expenses, credit card bills, home mortgage, school loan payments, car payments, legal expenses, and other miscellaneous consumer expenses.

If you have questions regarding this application, please contact the Office of Student Financial Aid at 419.530.8700 Monday – Friday between the hours of 8:15 a.m. and 5:00 p.m., or visit our office at 1200 Rocket Hall.