

Office of Financial Aid

1400 East Hanna Avenue

Indianapolis, Indiana 46227-3697

(317) 788-3217 / Fax: (317) 788-6136

<http://financialaid.uindy.edu>

Student name _____ SS # _____

Date of birth _____ Student ID # _____

E-mail _____ Phone # _____

Eligibility for need-based aid for the 2008–2009 academic year usually is based on 2007 income. Certain conditions allow expected 2008 income to be used to calculate eligibility for certain types of aid. Check the appropriate condition listed below and use page 3 to provide information about income earned to date. Use page 4 to report estimated income for the remainder of 2008. Your request will be considered if you **provide a thorough explanation with complete information and documentation.**

1. Loss of Employment

____ Your parent who earned money in 2007 has lost his or her job for at least 10 weeks in 2008.

____ Your parent who earned money in 2007 has not been able to work in the usual way for at least 10 weeks in 2008. This must be because of a disability or natural disaster that happened in 2007 or 2008. **An explanation must be provided.**

Name of unemployed parent _____

Date unemployment began _____

If applicable, date returned to work _____

Provide an explanation if unemployment or disability benefits will not be received.

2. Loss of Nontaxable Income/Benefits

____ Your parent received untaxed income in 2007 and has lost that income completely for at least 10 weeks in 2008. The untaxed income must be from a public or private agency or from a company or a person ordered by the court to provide that income. Untaxed income and benefits include things like Social Security benefits (including Supplemental Security Income), court-ordered child support, untaxed retirement or disability benefits, or Temporary Assistance for Needy Families (TANF) aid. **Provide an explanation of why the benefit will not continue.**

Name of parent who lost the benefit _____

Type of benefit lost _____

Date benefit last received _____

3. Separation/Divorce

____ Your parents have separated or divorced *after* you filed the Free Application for Federal Student Aid (FAFSA). Separation or divorce must be prior to January 1, 2009. On the remainder of this form, report only the information of the parent with whom the student lives.

Date of separation/divorce: _____

4. Death (Please provide a copy of the death certificate along with this completed form.)

____ Your parent has died after you have filed the Free Application for Federal Student Aid.

Name of deceased _____

Date of death _____

5. Other: You may submit this change after July 1, 2008. You must provide documentation of actual income earned and received to date and provide a valid estimate of remaining year income. See pages 3 and 4.

____ Your parent has changed jobs, had a reduction in work hours (other than overtime) or lost income for a reason other than those listed above. **Provide a detailed explanation of the circumstances.**

2008 Income Earned to Date

January through _____
(end date of last pay period)

This information is to be completed by the parent(s) of the student. If the custodial parent has remarried, the step-parent's income must also be included. List the names of all places where you have worked during 2008 along with total earnings to date before taxes. On this page, please report your total taxable and untaxed income from January 1, 2008 to end of last pay period. Do not report monthly (weekly) amounts. Do not leave questions blank; enter the appropriate numbers or 0 when no income is received. If completing form after 12/31/08, complete Section A and B and sign on back.

Attach the most recent pay stubs or letters from employers to document all amounts you are reporting.

SECTION A Taxable Income Earned to Date: January through _____ (end date of last pay period)

Pay stub(s) included. How often are you paid? Weekly Twice a month Monthly

	Employer/Company	From:	To: End Date for Last Pay Period	Total Wages or Income	
1. Father's wages:	Job #1 _____	1/1/2008	to _____	\$ _____	
	Job #2 _____	1/1/2008	to _____	\$ _____	
2. Father's unemployment compensation received to date.	_____	1/1/2008	to _____	\$ _____	
3. Mother's wages:	_____	1/1/2008	to _____	\$ _____	
	_____	1/1/2008	to _____	\$ _____	
4. Mother's unemployment compensation received to date.	_____	1/1/2008	to _____	\$ _____	
5. Other taxable income which may include interest or dividend income, alimony, business or farm income, pensions, annuities, taxable social security.		From: 1/1/2008	To: End Date for Last Pay Period to _____	Income Amount \$ _____	Source of this income _____
		1/1/2008	to _____	\$ _____	_____
		1/1/2008	to _____	\$ _____	_____

SECTION B 2008 Untaxed Income and Benefits Received to Date: January through _____ (end date of last pay period)

	From:	To: End Date for Last Pay Period		
1. Social Security income received to date (Include the parent's benefits as well benefits received by the parent for all children)	1/1/2008	to _____	\$ _____	
2. Temporary Assistance for Needy Families (TANF)	1/1/2008	to _____	\$ _____	
3. Child support <i>received</i> to date for all children	1/1/2008	to _____	\$ _____	
4. Other untaxed income and benefits received to date. This could include tax-exempt interest or dividend income, disability, workmen's compensation, payments to tax-deferred pension and savings plans such as 401(K) or 403 (B) plans. Housing, food or other living allowances, maintenance income from a separated spouse	1/1/2008	to _____	\$ _____	
5. Child support <i>paid</i> to date by the parent(s) whose income is reported on this form	1/1/2008	_____ to	\$ _____	

Estimate of Income to be Received for the Remainder of 2008

On this page, please estimate your total taxable and untaxed income from today's date (or end of last pay period) through December 31, 2008. Do not report monthly or weekly amounts.

SECTION C Estimated Taxable Income to be Received for the Remainder of 2008

Report total amounts, not monthly or weekly.

Employer/Company	Total wages or income for remainder of 2008	Pay period end date from page 3	
1. Father's estimated wages: Job #1 _____	\$ _____	_____ to 12/31/2008	
Job #2 _____	\$ _____	_____ to 12/31/2008	
2. Father's unemployment compensation _____	\$ _____	_____ to 12/31/2008	
3. Mother's wages: Job #1 _____	\$ _____	_____ to 12/31/2008	
Job #2 _____	\$ _____	_____ to 12/31/2008	
4. Mother's unemployment compensation _____	\$ _____	_____ to 12/31/2008	
	Income amount for remainder of 2008	Pay period end date from page 3	Source of income
5. Other taxable income, which may include interest or dividend income, alimony, business or farm income, pensions, annuities, taxable Social Security.	\$ _____	_____ to 12/31/2008	_____
	\$ _____	_____ to 12/31/2008	_____
	\$ _____	_____ to 12/31/2008	_____

SECTION D Untaxed Income to be Received for the Remainder of 2008

	Total income	End date from page 3
1. Social Security income (include the parent's benefits as well benefits received by the parent for all children)	\$ _____	_____ to 12/31/2008
2. Temporary Assistance for Needy Families (TANF)	\$ _____	_____ to 12/31/2008
3. Child support <i>received</i> for all children	\$ _____	_____ to 12/31/2008
4. Other untaxed income and benefits (This could include tax-exempt interest or dividend income, disability, workmen's compensation, payments to tax-deferred pension and savings plans such as 401(K) or 403 (B) plans. Housing, food or other living allowances, maintenance income from a separated spouse)	\$ _____	_____ to 12/31/2008
5. Child support <i>that will be paid</i> by the parent(s) whose income is reported on this form	\$ _____	_____ to 12/31/2008

Sign and date: I (we) certify that all the information is accurate and complete. I (we) understand that I (we) may be required to submit copies of 2008 W-2 forms and U.S. income tax returns. Reporting of inaccurate or incomplete information could result in a charge back of financial aid that already has been awarded on the basis of inaccurate information.

BE SURE TO ENCLOSE THE MOST RECENT PAY STUBS OR INFORMATION TO DOCUMENT ALL INCOME FIGURES YOU HAVE PROVIDED.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

If the Office of Financial Aid determines this form to be incomplete, please indicate to what address this form should be returned for completion:
