Please include at least one form of signed supporting documentation from a third party source regarding the above information. This documentation may include a letter from the state Unemployment Office, signed letter from a former employer, copy of Separation Agreement, etc. You may be asked for additional information. Please ask if you have questions regarding supporting documentation.

Please check one of the boxes below and enter the date the changed occurred

<table>
<thead>
<tr>
<th><strong>Loss of employment</strong></th>
<th><strong>DEPENDENT</strong></th>
<th><strong>INDEPENDENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the student's parents (or stepparent) earned money in 2013, but has lost his / her job for at least 10 weeks in 2014.</td>
<td>Date occurred: ___________</td>
<td>Date occurred: ___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Loss of earnings due to disability or natural disaster</strong></th>
<th><strong>DEPENDENT</strong></th>
<th><strong>INDEPENDENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the student's parents earned money in 2013, but has not been able to earn money in his or her usual way for at least 10 weeks in 2014. This must have been because of either a disability or a natural disaster that happened in 2013 or 2014.</td>
<td>Date occurred: ___________</td>
<td>Date occurred: ___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Loss of untaxed income or benefits</strong></th>
<th><strong>DEPENDENT</strong></th>
<th><strong>INDEPENDENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the student's parents received untaxed income or benefits in 2013, but has completely lost that income or benefit for at least 10 weeks in 2014. The untaxed income or benefit must have been paid by a public or private agency, from a company, or from a person because of a court order.</td>
<td>Date occurred: ___________</td>
<td>Date occurred: ___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Separation or divorce</strong></th>
<th><strong>DEPENDENT</strong></th>
<th><strong>INDEPENDENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The student has already applied for Federal student aid, but his or her parents have separated or divorced since that time.</td>
<td>Date occurred: ___________</td>
<td>Date occurred: ___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Death</strong></th>
<th><strong>DEPENDENT</strong></th>
<th><strong>INDEPENDENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The student has already applied for Federal student aid but, since that time, one of the student's parents has died.</td>
<td>Date occurred: ___________</td>
<td>Date occurred: ___________</td>
</tr>
</tbody>
</table>
PLEASE COMPLETE BOTH SIDES

Expected 2014 Taxable and Nontaxable Income and Benefits

Please describe the special circumstances regarding your financial situation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Dependent | Independent

1. 2014 income from work by Father $________ Student $________

2. 2014 income from work by Mother $________ Spouse $________

3. 2014 income from work by Student $________

4. 2014 other taxable income Parent $________ Student $________
   (ex. Unemployment benefit) Student $________ Spouse $________

5. 2014 nontaxable income and Benefits Parent $________ Student $________
   Student $________ Spouse $________

All of the information on this form is true and complete to the best of my knowledge.

Print Name: __________________________ Date: __________________________

Student’s Signature: __________________________ Phone: __________________________

SSN: *** - **_____________ Student ID# __________

LAST 4 DIGITS of Student’s Social Security Number

Best Daytime Phone number in case we have questions: __________________________

If you are a dependent student, you must have a Parent’s Signature.

_________________________________________ Date: __________________________

Parent’s Signature

FOR OFFICE USE ONLY

Approved: __________________________ Date: __________________________

Not Approved: __________________________ Date: __________________________