

Special Circumstance Situation (check **only one** situation)

1. _____ **Unemployment for at least 10 weeks beginning on or after January 1, 2009**
Examples include: Termination/layoff from job, significant reduction in work hours or income, or retirement.
Required Documents: Signed and dated Employer Letter (on company letterhead) listing the following: last date of employment, total earnings from Jan. 1, **2009** through last date of employment in **2009**, copy of last pay stub, and copy of severance/benefits/unemployment compensation eligibility.
2. _____ **Unusual Medical and Dental Expenses**
Examples include: Medical expenses incurred during **2009** and not covered by Health/Dental insurance.
Required Documents: Expenses must be accompanied by proof of payment (receipts) made by student, spouse (if married), parents (if dependent). Unpaid bills are not sufficient. Voluntary medical procedures do not qualify.
3. _____ **Loss of 2009 Income Other Than Employment.**
Examples include: Loss of Social Security, TANF, Child Support, One time income such as IRA or pension distribution, inheritance, or any Other Untaxed Income.
Required Documents: Documentation of termination of benefits from benefit provider. Examples include Social Security Administration, Department of Social Services, divorce decree, court order.
4. _____ **Separation or Divorce of (check one): parent or spouse during the 2009 calendar year**
Examples include: Parent (if dependent) or spouse (if independent) no longer residing in household due to separation or divorce.
Required Documents: Copy of separation agreement, divorce decree, or substantial evidence (mortgage/leasehold information) proving parent (if dependent) or spouse (if independent) is residing in separate residence. Parties in question living in same dwelling will not be considered.
5. _____ **Death of (check one): parent or spouse during the 2009 calendar year**
Examples include: Parent (if dependent) or spouse (if independent) deceased after student filed 2009-2010 FAFSA.
Required Documents: Copy of death certificate.
6. _____ **Elementary/Secondary Educational Tuition, Dependent Care, and Extended Family Support Expenses.**
Examples include: Necessary private school tuition (attendance must be continual throughout 2009-2010), elder/dependent care, or other family care expenses incurred due to health/medical impairment.
Required Documents: For private school tuition – copies of cancelled checks/receipts of payments for **2009** indicating the amount paid and to which educational institution. For elder/dependent care – copies of cancelled checks/receipts of payments for **2009** indicating the amount paid to the caregiver and statement on office letterhead from doctor/health care provider verifying the care is required.

Projected 2009 Income Worksheet

Estimate amounts that will be received **January 1, 2009 through December 31, 2009**

Provide **legible** documentation of all income listed below

Employment Income	Income Received By (Student/Spouse/Parent)	Source of 2009 Income (Company Name, etc.)	Actual Income Earned to Date	Estimated Income To Be Earned Remainder of 2009	Total 2009 Income
	Student – if independent				
	Spouse – if independent				
	Mother/Stepmother (if dependent)				
	Father/Stepfather (if dependent)				
Subtotal 2009 Income Earned From Work					

Other Taxable Income		Unemployment	Pension/Annuity	Social Security/SSI	Other
	Student – if independent				
	Spouse – if independent				
	Mother/Stepmother (if dependent)				
	Father/Stepfather (if dependent)				
Subtotal 2009 Other Taxable Income					

Untaxed Income	Sources of 2009 Untaxed Income:	Indicate Source:	Indicate Source:	Indicate Source:	Indicate Source:
	Student – if independent				
	Spouse – if independent				
	Mother/Stepmother (if dependent)				
	Father/Stepfather (if dependent)				
Subtotal 2009 Untaxed Income					

Grand Total Estimated 2009 Income