

**PARENTAL REQUEST FOR REDUCED INCOME  
CONSIDERATION FOR 2009-10 ACADEMIC YEAR**

You have indicated to us that your family income for the year of **2009** (January 2009 – December 2009) will be reduced compared to your 2008 family income. In order for us to evaluate this situation and update your application to use your actual 2009 family income, your parent(s) must fill out this form in its entirety. Where projected income is requested, please estimate the information as accurately as possible since you may be required to verify the information at the end of 2009. If you get Federal student aid based on incorrect information, you will have to pay it back. You may also have to pay fines and fees. If you have already received your financial aid package, you will be notified if any adjustment to your financial aid can be made.

*If the adjusted gross income on your parents' 2008 Federal tax return is less than their projected 2009 year income, they should not complete this form. Below please provide a brief description of the circumstances which caused/will cause the reduced income for 2009. Be specific and provide necessary details. No reevaluation can take place if any information is left incomplete on the form.*

Loss of reduction of income has begun or will begin \_\_\_\_\_/\_\_\_\_\_.  
Month                      Year

**(NOTE: It is recommended that a waiting period of ten weeks be observed for any income reduction calculations to significantly impact a financial aid package.)**

**List below the reason for income reduction (if due to legal separation or divorce, provide data of divorce/legal separation and list financial information only of the supporting parent (and spouse if remarried) on page two, regardless of whether a joint tax return was filed):**

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**Reduce Income Consideration Page 2**

Student's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ SS# \_\_\_\_\_

Telephone # \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Telephone # \_\_\_\_\_

**Household Size for 1/2009 – 12/2009** \_\_\_\_\_

(include number of people parent(s) will support including student)

**PARENT'S ESTIMATED TAXABLE INCOME FOR 2009 YEAR  
January 1, 2009 through December 31, 2009**

Wages/Salaries/Tips \$ \_\_\_\_\_  
Interest \$ \_\_\_\_\_  
Dividends \$ \_\_\_\_\_  
Unemployment Comp. \$ \_\_\_\_\_  
Business Income \$ \_\_\_\_\_  
Rental Income \$ \_\_\_\_\_  
Other – e.g. alimony, pensions, taxable Social Security benefits, etc.

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**INDICATE SOURCE**

Of the **TOTAL AMOUNT** listed above for wages/salaries/tips please indicate individual amounts  
For your father and mother:

Father's 2009 earnings \$ \_\_\_\_\_ Mother's 2009 earnings \$ \_\_\_\_\_

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**PARENTS' ESTIMATED UNTAXED INCOME FOR 2009 YEAR  
January 1, 2009 through December 31, 2009**

Social Security (untaxed portion only) \$ \_\_\_\_\_  
Public Assistance (Welfare) \$ \_\_\_\_\_  
Aid to Families with Dependent Children (AFDC) \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Workman's compensation \$ \_\_\_\_\_  
Payments to tax-deferred pensions and savings plans \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_  
Veteran's Benefits \$ \_\_\_\_\_  
Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

**PLEASE DO NOT LEAVE BLANKS!! IF ANSWER IS "0" ENTER"0"**

*Please attach supporting documentation to this form such as copies of divorce, legal separation, eligibility determination from the unemployment compensation office, last pay stub, etc. If you have any questions or concerns about this form, please contact the Director of Financial Aid at 1-800-775-0208 or 919-497-3223.*