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|--|--|--|--|
|  |  |  | <ul style="list-style-type: none"> <li>- Last pay stub showing year-to-date earnings</li> <li>- Copy of termination notice from employer</li> <li>- Unemployment benefit notice</li> </ul>   |
| <ul style="list-style-type: none"> <li>- Alimony</li> <li>- Child Support</li> <li>- Retirement/Pension</li> <li>- Social Security (Taxed)</li> <li>- Worker's Compensation</li> </ul> | You or your parent(s) received benefits in 2023 that have ceased or been reduced in 2024 or 2025                                   | You and/or your spouse received benefits in 2023 that have ceased or been reduced in 2024 or 2025  | Complete signed copies of: <ul style="list-style-type: none"> <li>- Original 2023 benefit statement listing total amount received</li> <li>- Revised benefit statement listing updated amount to receive and effective date</li> </ul> |
|  | Your parents separated or divorced AFTER filing the FAFSA, but not later than 12/31/25<br>A parent has died AFTER filing the FAFSA | You and your spouse separated or divorced AFTER filing the FAFSA, but not later than 12/31/25<br>Your spouse has died AFTER filing the FAFSA | Complete signed copies of: <ul style="list-style-type: none"> <li>- Divorce decree or legal separation agreement</li> <li>- Applicable death certificate</li> </ul>  |

You must provide the following information, including the best estimate of the changes in the financial situation for yourself and/or your parent(s) for one of the time periods indicated below.

Please check the tax year for which your estimated income is being provided:

2024 (1/1/2024 through 12/31/2024)

2025 (1/1/2025 through 12/31/2025)

| Wages, Tips, Salary                |  |  |  |  |
|------------------------------------|--|--|--|--|
| Interest and/or Dividend Income    |  |  |  |  |
| Unemployment Compensation          |  |  |  |  |
| Worker's Compensation              |  |  |  |  |
| Pensions and/or Annuities          |  |  |  |  |
| Severance Pay                      |  |  |  |  |
| Retirement Benefits                |  |  |  |  |
| Disability Benefits (taxable)      |  |  |  |  |
| Social Security Benefits (taxable) |  |  |  |  |
| Child Support                      |  |  |  |  |
| Alimony                            |  |  |  |  |
|                                    |  |  |  |  |

Attach a signed, written statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation.

I understand by signing and submitting this form that I am providing consent for committee members to have access to my financial and academic information. I certify that the eeee4.6 (r)6.on aol (t)6.26 (nf)e (m)6.3 (i4.7 (ng t)6.3 2 (m)6.3 ( i)-4.6 (3)