

2009-2010 Special Circumstances SECTION D

Student Name _____
Social Security Number _____

Loss of Income (Job Termination/ Job Change/ Reduce Hours)

Loss of job (must be out of work for at least 10 weeks in 2009)

Indicate whom: _____ father of independent student or _____ mother or spouse of independent student.
Please submit:

- A letter from past employer stating date of termination
- Copy of last pay stub indicating year-to-date earnings for 2009.
- If receiving unemployment benefits, submit a copy of the benefits letter to verify the amount you receive monthly.
- Letter explaining your Special Circumstance including your current job status.

Change in job resulting in reduction of pay (such as lower wage per hour):

Indicate whom: _____ father of independent student or _____ mother or spouse of independent student.
Please submit:

- Copy of last pay stub indicating year-to-date earnings for 2009 from previous employer.
- Copy of pay stub from current employer
- A letter from your employer (on company letterhead) explaining job/pay changes

CERTIFICATION STATEMENT

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

Student's Signature: _____ Date: _____

Father's/ Stepfather's Signature: _____ Date: _____

Mother's/ Stepmother's Signature: _____ Date: _____
