

3) You were unemployed for 10 or more consecutive weeks in 2009.

- ✓ Complete Parent Income Section at the end of this form. Please be sure to enter a zero in any blanks with no income.
- ✓ Attach supporting documentation for loss of employment (e.g., termination notice from employer, unemployment statements, etc.).
- ✓ Dates of unemployment: _____

4) You became separated, divorced, or widowed since originally filing the FAFSA.

✓ Provide the following information:

I became: separated divorced widowed

Date this occurred: _____

Which parent remains in the household? Mother Father

Current number of family members in the household: _____

Current number of family members attending college at least half-time, not including parent. _____

Total current balance of cash, savings, and checking accounts (not including financial aid):

Current net worth of investments (value minus debt):

Current net worth of business (value minus debt):

Current net worth of business farm (do not include farm you live on and operate):

- ✓ Complete Parent Income Section below. Please be sure to enter a zero in any blanks with no income.
- ✓ Attach supporting documentation (e.g., notice of legal separation, proof of separate residences, divorce decree, or death certificate).

Parent Income Section (from January 1, 2009 to December 31, 2009)	Estimated Gross Income for 2009
Gross earnings (wages, salary, tips, net business or farm income) for unemployed parent. Include figures only for person whose loss is documented. Do not include Federal Work-Study earnings.	Mother's Income: <input type="text" value="\$"/>
	Father's Income: <input type="text" value="\$"/>
Other taxable income (dividends, interest, pensions, annuities, unemployment compensation, capital gains, taxable Social Security).	<input type="text" value="\$"/>

Please certify you have read the statement below. This form must be signed and dated by the applicable parent to be considered valid. Please allow 10-14 business days for processing.

I give permission to the Office of Student Financial Assistance to verify any information that I provide on this form. I understand that this verification may include a request for my tax documents. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form I am liable for cancellation or repayment of all or part of my student's financial aid. In addition, I understand that completing this form does not guarantee an increase or adjustment in financial aid.

Parent Signature: _____

Date: _____