

DEPENDENT STUDENTS

Complete the following (include both **actual 2018** and **estimated 2019** numbers) **2018(actual)/2019(estimated)**

Father's income earned from work (January 1 to December 31) \$ _____ / _____

Mother's income earned from work (January 1 to December 31) \$ _____ / _____

Unemployment benefits _____ per week (start date _____, end date _____) \$ _____ / _____

Social Security benefits \$ _____ / _____

Child support received _____ per week \$ _____ / _____

Other untaxed income and benefits received \$ _____ / _____

Total 2018/2019 Income: \$ _____ / _____

INDEPENDENT STUDENTS

Complete the following: **2018(actual)/2019(estimated)**

Student's income earned from work \$ _____ / _____

Spouse's income earned from work \$ _____ / _____

Social Security benefits \$ _____ / _____

Other untaxed income and benefits received \$ _____ / _____

Total 2018/2019 Income: \$ _____ / _____

CERTIFICATION

*I certify that the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to submit additional proof of the information given on this form. I realize that if I do not provide proof when asked, the student may be denied aid. **I understand that outstanding charges must be paid by the due date regardless of submission of this form.***

Student's signature _____

Student's spouse's signature _____

Father's signature _____

Mother's signature _____

OFFICE USE ONLY

Approved Disapproved

Data Changes	Original	Updated
Number in family/college		
Marital status/tax filing status		
AGI		
Tax		
Exemptions		
Parent 1 earnings		
Parent 2 earnings		
Other:		
Other:		

Original EFC: _____

Revised EFC: _____

Financial aid administrator's signature: _____

Date: _____

ISIR correction sent/received: _____