



**2009-2010 SPECIAL CIRCUMSTANCES/PROJECTED YEAR INCOME**

This form should be completed when requesting a reevaluation of financial aid eligibility due to a change in family circumstances.

STUDENT'S NAME \_\_\_\_\_ ID# \_\_\_\_\_

Nature of Special Circumstance \_\_\_\_\_  
 \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

<b>EXPECTED 2009 INCOME</b>	<b>MOTHER/STEPMOTHER</b>	<b>FATHER/STEPFATHER</b>
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Gross Income Earned from Work: 1/1/09 - Present Date	_____	_____
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Gross Income to be Earned from Work: Present Date - 12/31/09	_____	_____
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Lump Sum Termination Benefits	_____	_____
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Unemployment Benefits	_____	_____
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Workman Comp Benefits	_____	_____
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*Other Income (specify source):	_____	_____
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_____	_____	_____
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_____	_____	_____
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<b>TOTAL EXPECTED 2009 INCOME</b>	_____	_____
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Based on your current financial situation, indicate the amount you expect to contribute to your child's educational expenses. \$ \_\_\_\_\_

\*Other Income includes interest and dividends, pension distributions, business and rental income, alimony and child support, social security, insurance benefits, severance benefits, early withdrawal from retirement funds, clergy or military housing allowances.



**PARENT'S DEBT ITEMIZATION**

Reason for Debt	Current Balance	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENT'S UNUSUAL/UNEXPECTED EXPENSES DURING 2009**

Example: Medical expenses not covered by insurance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all of the information submitted is true and complete to the best of my knowledge. I agree to notify the Financial Aid Office of any additional changes to the expected 2009 income.

\_\_\_\_\_  
Mother/Stepmother Signature                      Date

\_\_\_\_\_  
Father/Stepfather Signature                      Date

\_\_\_\_\_  
Student Signature                                      Date

\_\_\_\_\_  
Parent Phone #

**Attach documentation** of 2009 income, such as a recent pay check stub, benefit statement, termination benefits letter etc.

This completed form can be faxed to the Financial Aid Office at 410-225-2558 or email to [finaid@mic.edu](mailto:finaid@mic.edu).