

2011-2012
LOSS OF INCOME FORM

Last Name First Name M.I. Student Number

Check the appropriate reason for your request.

- | | | | |
|--|---------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Unemployment of | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Student |
| <input type="checkbox"/> Disability of | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Student |
| <input type="checkbox"/> Death of | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | |

List and **attach** applicable documentation of **actual and expected income for January 1, 2011, through December 31, 2011.**

Income	Actual (Student)	Expected (Student)	Actual (Mother)	Expected (Mother)	Actual (Father)	Expected (Father)
	Jan. 1, 2011 to ____/____/2011	____/____/ 2011 to Dec. 31, 2011	Jan. 1, 2011 to ____/____/ 2011	____/____/ 2011 to Dec. 31, 2011	Jan. 1, 2011 to ____/____/ 2011	____/____/ 2011 to Dec. 31, 2011
Wages, Salary, and Tips	\$	\$	\$	\$	\$	\$
Unemployment Compensation, Workers' Compensation and/or Disability	\$	\$	\$	\$	\$	\$
Taxed Social Security Benefits	\$	\$	\$	\$	\$	\$
Housing allowance (paid to members of military, clergy, and others)	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$
<input type="checkbox"/> Dividends <input type="checkbox"/> Interest <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Alimony <input type="checkbox"/> Other	\$	\$	\$	\$	\$	\$
TOTAL INCOME	\$	\$	\$	\$	\$	\$

▶ If this form is completed on or after **November 1**, attach a copy of yours and your parent(s)' 2011 U. S. federal income tax returns. ◀

Attach applicable documentation.

- Last pay stub from all employers
- Letter from previous employer
- ✓ **certifying loss of employment**
- ✓ **reason for termination, year-to-date earnings**
- ✓ **last date of employment.**
- Documentation of unemployment and/or disability
- Death Certificate

By signing this form, we certify that all the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Student Date

Parent Date

RETURN FORM TO GADSDEN STATE COMMUNITY COLLEGE AT ONE OF THE ADDRESSES BELOW

**Wallace Drive Campus
Financial Aid Office
P O Box 227
Gadsden, AL 35902-0227
Phone: 256-549-8264**

**McClellan Center
Financial Aid Office
100-A Gamecock Drive
Anniston, AL 36205
Phone: 256-238-9341**

**Harry M. Ayers Campus
Financial Aid Office
1801 Coleman Road
Anniston, AL 36207
Phone: 256-835-5420**