

**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"/> Student | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Disability of   | <input type="checkbox"/> Student | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Death of        |                                  | <input type="checkbox"/> Spouse |

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

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

▶ If this form is completed on or after **November 1**, attach a copy of yours and your spouse'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, I 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

**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*