



If requested by the Financial Aid Office, the parent(s) whose information appears on the FAFSA should complete this document with information as of today's date. Use averages or estimates if necessary. If an item is zero or not applicable, indicate "0." Do not leave any answer blank. The income listed should meet or exceed your expenses. If your expenses exceed your income, please provide a detailed explanation in a separate letter attached to this form. Submit all documentation with appropriate signatures and attachments through MyVU Portal Financial Aid Self-Service.

Student's Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Have you experienced any of the following since filing the FAFSA?

- Reduction in income due to fewer hours, new employment, furlough etc.- Provide verification from employer.
Separation from Work due to Layoff or Termination- Provide verification from employer.
Legal Separation or Divorce- Submit documentation of separation
Temporary or Permanent Disability, etc.- Provide statement from attending physician
Loss of untaxed income - Letter from Agency discontinuing payments.
Loss of untaxed income- Letter from Agency discontinuing payments.
Other documents as relevant to your situation.

Taxable Income

Table with 4 columns: Type of Projected Income, Year to Date Income, Projected income through Dec 31, 2021, Total. Rows include Gross Income from Employment, Taxable Interest and Dividend income, Business Income, etc.

Taxable unemployment compensation:	\$	\$	\$
Alimony:	\$	\$	\$
Farm Income:	\$	\$	\$
Taxable social security benefits:	\$	\$	\$
Taxable IRA distributions:	\$	\$	\$
Other taxable income (specify):	\$	\$	\$
Total Projected Income:			\$

### Untaxable Income

Type of Projected Income	Year to Date Income	Projected income through Dec 31, 2021	Total
Tax deferred pensions and savings paid directly or withheld:	\$	\$	\$
IRA Deductions and payments to self-employed SEP, SIMPLE, Keough, etc.:	\$	\$	\$
Child Support	\$	\$	\$
Tax exempt interest and dividends:	\$	\$	\$
Untaxed portions of IRA distributions (exclude rollovers):	\$	\$	\$
Untaxed pensions:	\$	\$	\$
Housing, Food and other living allowance (Clergy etc.):	\$	\$	\$
Veterans noneducational benefits:	\$	\$	\$
Workers compensation, disability payments:	\$	\$	\$
Other untaxed income (specify):	\$	\$	\$
Total Estimated Untaxed Income			\$

### Current Academic Year Expenses

Type if Expense	Monthly Expense	Annual Projected Expense
Rent or mortgage payment (the portion for which you are responsible):	\$	\$
Utilities (gas, electricity, water, phone, etc.):	\$	\$
Insurance Payments (auto, medical/dental, home, etc..)	\$	\$
Food/household supplies:	\$	\$
Credit Card Payments:	\$	\$
Transportation (car payments, gas, repairs, public transit):	\$	\$
Medical/Dental Out of Pocket:	\$	\$
Private Elementary/Secondary School Tuition	\$	\$
Educational Loan Payments (PLUS, Stafford, etc.)	\$	\$
Car Payments	\$	\$
Recreation	\$	\$
Others(specify)	\$	\$

Certification: I(we) certify that all information reported is complete and accurate. False statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature: \_\_\_\_\_  
**\*Electronic signature not accepted**

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
**\*Electronic signature not accepted**

Date: \_\_\_\_\_