



**INSTRUCTIONS:** This form is to assist you in reporting changes in the financial circumstances of you and/or your family that have occurred after you made application for financial aid, and that will in some way limit the ability of you and/or your parents to contribute toward your 2009-10 college costs.

Please review the “special conditions” specified below and on Page 2. If you meet one or more of these conditions, check the appropriate box(es), complete the specified items on the form, and attach any documents and/or information requested in Column III. Return the completed form, plus attachments, to the Financial Aid Office, NDSCS, 800 6th Street North, Wahpeton, ND 58076-0002. (Call us toll free at 1-800-342-4325, ext. 3-2207 or locally at 671-2207 if you have questions.)

**ALL STUDENTS/PARENT(S)** must provide documents/information as directed in Column III.

**IMPORTANT:** All attachments (letters of explanation, etc.) must be dated, signed and reflect the name and social security number of the student.

Student's name \_\_\_\_\_ Soc. Sec./NAID # \_\_\_\_\_

SPECIAL CONDITION	DEPENDENT STUDENT	INDEPENDENT STUDENT	ALL STUDENTS
	Column I	Column II	Column III
<b>A. Loss of employment</b>	<input type="checkbox"/> A parent who earned money in 2008 has lost his/her job for at least 10 weeks in 2009.	<input type="checkbox"/> You worked full-time (at least 35 hours a week) for at least 30 weeks in 2008, but you are not working full-time now. <b>OR</b> Your spouse earned money in 2008 but has lost his/her job for at least 10 weeks in 2009.	On back page of form, specify: (1) date employment was terminated; (2) dates of full-time employment during 2008 and 2009; (3) reasons for loss of employment; (4) name, address, telephone number of employer(s).
<b>B. Loss or reduction of income or benefits</b>	<input type="checkbox"/> A parent who received income or benefits in 2008 had this income/benefit reduced or terminated during 2009. (e.g. Social Security, child support, disability or unemployment benefits, retirement income, etc.).	<input type="checkbox"/> You (or your spouse) received income or benefits in 2008, but had this income/benefit reduced or terminated during 2009 (e.g. Social Security, child support, disability or unemployment benefits, retirement income, etc.).	On back page of form, specify: (1) type of income or benefit; (2) amount received during 2008; (3) reasons for termination or reduction.
<b>C. Loss or reduction of income or benefits of dependent student</b>	<input type="checkbox"/> You (the student) had income or benefits in 2008 that were reduced or terminated in 2009.		On back page of form, specify: (1) type of income or benefit; (2) amount received during 2008; (3) reasons for termination or reduction.

(more special conditions on next page)

SPECIAL CONDITION	DEPENDENT STUDENT	INDEPENDENT STUDENT	ALL STUDENTS
	Column I	Column II	Column III
<b>D. Separation or divorce</b>	<input type="checkbox"/> Your parents have separated or gotten divorced <b>after</b> you've applied for Federal student aid.	<input type="checkbox"/> You and your spouse have separated or gotten divorced <b>after</b> you've applied for Federal student aid.	Verification from disinterested party of address for separated or divorced. Date of separation or divorce  <b>IMPORTANT:</b> Official documentation of separation/divorce must accompany this form.
<b>E. Death</b>	<input type="checkbox"/> A parent has died <b>after</b> you've applied for Federal student aid.	<input type="checkbox"/> Your spouse has died <b>after</b> you applied for Federal student aid.	Name of deceased and relationship to student _____  (a copy of death certificate must accompany this form.) Date of death _____
<b>F. Liquidation/foreclosure</b>	<input type="checkbox"/> A parent has filed bankruptcy or gone through foreclosure since you applied for financial aid.	<input type="checkbox"/> You have filed for bankruptcy or gone through foreclosure since you applied for financial aid.	Provide details on back page of form. Official documentation of bankruptcy/foreclosure must also be provided.
<b>G. Unusual debt or expenses</b>	<input type="checkbox"/> Student's family incurred unusual debt or expense during 2008 and/or 2009 that has created financial hardship. (e.g. medical, dental, support of non-family member, elementary and secondary school tuition, child care, etc.)	<input type="checkbox"/> Student/spouse incurred unusual debt or expense during 2008 and/or 2009 that has created financial hardship. (e.g. medical, dental, support of non-family member, elementary and secondary school tuition, child care, etc.)	On back page of form, specify; (1) description of debt or expense; (2) total amount of debt or expense; (3) explanation of hardship <b>IMPORTANT:</b> Documents supporting this expense or debt must accompany this form.
<b>H. Other</b>	<input type="checkbox"/> You have a situation which you would like to have reviewed by a Financial Aid Administrator. Please explain the situation and the reason on the last page of this form.	<input type="checkbox"/> You have a situation which you would like to have reviewed by a Financial Aid Administrator. Please explain the situation and the reason on the last page of this form.	Please be as specific as possible in describing any change in your financial circumstances and explain how it has affected your efforts to contribute to your education.

**Household information (Complete only if your circumstance pertained to separation or divorce.)**  
List your family members and the college they will be attending. For **dependent** students, list yourself, your parents, and your parents' other dependent children, as well as any other person who lives with your parents and is dependent on them. If you are an **independent** student, list yourself, your spouse, and any children for whom you pay more than half of their support.

Name	Age	Relation to you, the student	Attending what college and where
		STUDENT	
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

List any additional household members on a separate sheet of paper.

### EXPECTED 2009 INCOME AND BENEFITS

	Student/Spouse	Parent
Expected Gross Income earned from work for 2009.....	\$ _____ student	\$ _____ father
Expected Gross Income earned from work for 2009.....	\$ _____ spouse	\$ _____ mother
<b>EXPECTED OTHER TAXABLE INCOME/BENEFITS FOR 2009</b>		
Interest/Dividends.....	\$ _____	\$ _____
Alimony.....	\$ _____	\$ _____
Capital gains.....	\$ _____	\$ _____
Pensions.....	\$ _____	\$ _____
Unemployment Compensation.....	\$ _____	\$ _____
Veteran Benefits.....	\$ _____	\$ _____
Other (List).....	\$ _____	\$ _____
<b>EXPECTED UNTAXED INCOME/BENEFITS FOR 2009</b>		
Social Security.....	\$ _____	\$ _____
AFDC.....	\$ _____	\$ _____
Child Support.....	\$ _____	\$ _____
Workers Compensation.....	\$ _____	\$ _____
Military Benefits.....	\$ _____	\$ _____
Other.....	\$ _____	\$ _____
<b>ASSET INFORMATION (AS OF TODAY)</b>		
Cash, Savings & Checking Account Balances.....	\$ _____	\$ _____
Investments, Businesses, Farm (if rented out).....	\$ _____	\$ _____
(Do not include the value of your home or your farm if you actively farm it.)		

### CERTIFICATION STATEMENT (ALL STUDENTS MUST COMPLETE)

**Certification statement — only one parental signature is required.**

**WARNING: If you purposely give false or misleading information on this form, you may be subject to a \$10,000 fine, a prison sentence, or both.**

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal income tax return. I also realize that if I do not give proof when asked, I may not receive financial assistance.

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

\_\_\_\_\_  
Parent Signature (father or mother) Date

\_\_\_\_\_  
Spouse's Signature Date