

2009-10 Parent Special Consideration Form

The formula used to determine your eligibility for federal financial aid is based in part on your **2008** income. If your parents have experienced a significant reduction in their **2009** income, you may request a further review of your financial aid file. All requests for further consideration must be fully documented. Priority will be given to students whose parents experience drastic changes in their circumstances. All requests will be reviewed by the Financial Aid Office and the acceptance or denial of this request will be sent under separate cover.

Student Name: _____ SS# or ID: _____

Reason for Reduction: _____

Date of Change: _____ Cell Phone Number: _____

Parents: List below the amounts of **ALL** income **RECEIVED OR ANTICIPATED** from **January 1, 2009 through December 31, 2009**. Attach copies of most recent pay stubs or other documentation of all income to this form and return to the Financial Aid Office at La Roche College.

TAXABLE INCOME	FATHER	MOTHER
1. Wages, Salaries, Tips, etc.	\$	\$
2. Interest and Dividend Income	\$	\$
3. Alimony	\$	\$
4. Business Income or Loss	\$	\$
5. Capital Gain or Loss	\$	\$
6. Taxable IRA's, Pensions, etc.	\$	\$
7. Rental Income, royalties, etc.	\$	\$
8. Unemployment Compensation	\$	\$
9. Other taxable income:	\$	\$
10. TOTAL TAXABLE INCOME (sum of lines 1 – 9)	\$	\$
NONTAXABLE INCOME		
11. Social Security Benefits	\$	\$
12. Untaxed portion of Pension/Annuity	\$	\$
13. Retirement/disability benefits	\$	\$
14. Workers' Compensation	\$	\$
15. Child Support	\$	\$
16. Public Assistance	\$	\$
17. Housing Allowance	\$	\$
18. Payments to tax-deferred pension/savings plan	\$	\$
19. Other untaxed Income:	\$	\$
20. TOTAL NONTAXABLE INCOME (sum of lines 11 – 19)	\$	\$

I (We) certify that the above information is correct and complete to the best of my (our) knowledge. I (We) agree to provide additional documentation, if requested.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____