



## SECTION II: INCOME REDUCTION/UNUSUAL EXPENSES

Will your income or your spouse's income be significantly less in 2009 than in 2008?  
\_\_\_\_\_ If so, please indicate which category (ies) best describes your situation

### Loss of Employment or Reduction of Wages

Who has had a loss or reduction of employment? \_\_\_\_\_

Last day of employment? \_\_\_\_\_

Has that person started another job? \_\_\_\_\_

If so, what was the start date? \_\_\_\_\_ Hrs worked wkly? \_\_\_\_\_

Hourly/Weekly Rate of Pay? \_\_\_\_\_

#### Required Documentation:

- Copy of 2008 Tax Returns and W-2's
- 2009/10 Verification Worksheet
- Documentation to verify separation from employer and copy of last check stub received ( year to date earnings must be listed)
- Documentation to verify new employment and most recent check stub

### Loss of Taxable/Untaxable Income and/or Benefits

Who has had a loss of income (taxable or untaxable)? \_\_\_\_\_

Type of income lost? \_\_\_\_\_

Date last check/income was received? \_\_\_\_\_

\*This category should be used if someone in your household has had a loss of income such as child support, social security benefits, unemployment benefits, workers compensation or any other type of taxable or untaxable benefits\*

#### Required Documentation

- Copy of 2008 Tax Returns and W-2's
- 2009/10 Verification Worksheet
- Documentation from appropriate agency; should include total amount received in 2009 and a termination date of the benefit

### Non-recurring income received in 2008

Who had the income reduction? \_\_\_\_\_

Type of income lost? \_\_\_\_\_

Was this a one-time benefit? \_\_\_\_\_ When received? \_\_\_\_\_

\*This category should be used if someone in your household has received a one-time benefit in 2008 that will not be received again in 2008. (e.g. IRA distribution, pension distribution, back pay of Social Security benefits)\*

#### Required Documentation

- Copy of 2008 Tax Returns and W-2's
- 2009/10 Verification Worksheet
- Documentation of income type and amount

**Death of Spouse**

Date of spouse's death \_\_\_\_\_

Was income received by your spouse reported on your 2008 tax return? \_\_\_\_\_

**Required Documentation**

- Copy of 2008 Tax Returns and W-2's
- 2009/10 Verification Worksheet
- Copy of Death Certificate

**Divorce or Separation**

Date of divorce or separation \_\_\_\_\_

**Required Documentation**

- Copy of 2008 Tax Returns and W-2's
- 2009/10 Verification Worksheet
- Copy of Separation Agreement or Divorce Decree or documentation proving that you and your spouse are residing at separate addresses (e.g. rental agreement, copy of utility bills at different addresses)

**Excessive Medical Expenses in 2008**What is the total amount of medical/dental expenses for your household in 2008?  
\_\_\_\_\_

What part of that amount was not covered by insurance? \_\_\_\_\_

Of that amount, what portion have you paid out of pocket? \_\_\_\_\_

**Required Documentation**

- Copy of 2008 Tax Returns and W-2's
- 2009/10 Verification Worksheet
- Copy of medical/dental bills not paid by insurance for the 2008 calendar year
- Receipts for bills paid out of pocket

**Other Income Reduction**If the reason for your income reduction is not listed above, please explain in this section: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*The MTCC Financial Aid Office will request the appropriate supporting documents from you if your request falls within this category\*

**EXPECTED 2009 TAXABLE/NON-TAXABLE INCOME/BENEFITS**

Please provide actual and anticipated household income for the 2009 calendar year (January 1 through December 31, 2009) in this section. Please list your actual income to date in each category, then estimate what will be received for the remainder of the year and then add those amounts together for your total. You must provide documentation of **all** income shown on this form. **\*\*If you are divorced, separated or widowed, do not include spousal information or income\*\***

**Please do not leave any spaces blank. If a question does not apply to you or anyone in your household, or you do not anticipate income from that source, place a -0- in that category.**

	Actual (1/1/09 – today)	Estimated (today – 12/31/09)	Total (actual + estimated)
2009 Income Earned from Work (student)	_____	_____	_____
2009 Income Earned from Work (spouse)	_____	_____	_____
2009 Unemployment (student)	_____	_____	_____
2009 Unemployment (spouse)	_____	_____	_____
2009 Other Taxable Income (interest, dividends, pensions, annuities, business income, etc)	_____	_____	_____
<b>Total Adjusted Gross Income (add the above lines)</b>	_____	_____	_____
2009 Earned Income Credit/ Child Tax Credit	_____	_____	_____
2009 TANF Benefits	_____	_____	_____
2009 Social Security Benefits	_____	_____	_____
2009 Child Support	_____	_____	_____
2009 Payments to Tax-Deferred Pension/Savings Plan	_____	_____	_____
2009 Other Untaxed Income (e.g. workers compensation, Veteran’s non-education benefits, bills paid for you, cash rcvd, etc)	_____	_____	_____

**CERTIFICATION STATEMENT**

I certify that the information on this form is complete and accurate to the best of my knowledge. I further understand that if I do not provide the necessary supporting documentation to verify the information on this application that this request will not be processed by the MTCC Financial Aid Office.

**Student’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_