

4. Documentation Required

A. Unemployment or change in employment

Name of Person with Status Change:	Relationship to Student:
Type of Employment Change:	Effective Date:

Employment changes that have already occurred are subject to review. Employment changes that have not yet occurred will not be reviewed.

Required Supporting Documents

- Signed copy of 2021 federal income tax return for the person with the status change and copies of all 2021 W-2's.
- Any available documents of terms of layoff, retirement, or other termination of employment.
- Any documents for new employment such as start date and pay rate or most recent pay stub.
- Final paystub
- Complete chart below. If you are required to include parent information on your 2023-2024 FAFSA, indicate which parent you are listing in each column.

Name of Parent 1 _____ Name of Parent 2 _____

2023 Income	Student or Parent 1 (choose one)	Spouse or Parent 2 (choose one)
Wages earned so far in 2023 *attach final pay stub from each job		
Wages expected for remainder of 2023 *attach most recent pay stub for new job, if available		
Other Taxable Income (Capital gains, pensions, annuities, business/farm income, severance, etc.)		
Housing Allowance, VA Assistance		
Unemployment Compensation or Disability *attach statement if available (do not report SS benefits)		
Other Untaxed Income (IRA, 401K, pension contributions, etc.)		
Child Support *anticipated annual amount		
Total Anticipated Income for 2023		

B. Extreme Medical Expenses that have been paid

Medical, dental, optical expenses, etc., not covered by insurance and have been paid, which exceed 11% of your total income. We review expenses for **one calendar year only**. Please indicate the year of your reported expenses:

- 2021 2022 2023

Required Supporting Documents

- Signed copy of 2021 federal income tax return. Include Schedule A if you itemized your medical expenses.
- Copies of receipts or statements documenting out-of-pocket expenses that have been paid.

List members in your household and the amount paid for their medical/dental expenses during the year indicated.

Include expenses that are paid out-of-pocket with post-tax dollars.

Do Not Include expenses that have not been paid, have been paid by insurance, or have been paid by a Health Savings Account (HSA) or flexible spending account.

Full Name of Family Member	Age	Relationship to Student	Amount of Medical Expenses	Amount of Dental Expenses

C. Elementary and/or Secondary Tuition Expenses *(Note: college tuition cannot be included)*

List the members in your household (those included in the family size on your FAFSA) and the amount you will provide for their education expenses during the 2023-2024 school year. Attach an additional page if necessary. Include copies of official tuition statements for each student listed, including any tuition discounting the school will provide (be sure to indicate the date the fees will be paid).

Full Name of Family Member	Age	Relationship to Student	Elementary Tuition	Secondary Tuition

D. One-time (non-recurring) Income in 2021 Attach a copy of settlement claim. Be sure to indicate what you did with the settlement (such as deposited into checking/savings, reinvested, used to pay off debts and what those debts were, etc.) Home improvement debt and projects are not considered.

Dollar Amount:	Source of one-time Income:
Current status of one-time income:	

