

Student's Name (Last, First, M.I.). Please print.

Student Identification Number (SID)

Instructions

- Provide actual and estimated 2009 income for the parent/stepparent (s) whose information was used to complete the FAFSA (Free Application for Federal Student Aid).
- **Complete each field.** If it is not applicable, enter \$0.
- Provide documentation to verify the decrease of income: recent year-to-date paystubs, employer letter documenting last day of work, employer statement of severance payments and benefits, statement of unemployment benefits, etc.

Sources of Income	Actual amounts from 1/1/09 to date of appeal	Estimated amounts from date of appeal to 12/31/09
Father/stepfather earnings from employer(s)	\$	\$
Mother/stepmother earnings from employer(s)	\$	\$
Business Net Income	\$	\$
Investment Income: Dividends, Net Rental Income, etc.	\$	\$
Farm/Ranch Net Income	\$	\$
Severance Pay	\$	\$
Unemployment Compensation	\$	\$
Capital Gains (Sale of property, etc.)	\$	\$
Pension and Annuity Income	\$	\$
IRA/Retirement account withdrawals	\$	\$
Social Security Benefits	\$	\$
Worker's Compensation	\$	\$
Alimony received	\$	\$
TOTAL	\$	\$
Untaxed Income		
Payments to tax-deferred pension and savings plan	\$	\$
IRA deductions/payments to SEP, SIMPLE, Keogh	\$	\$
Child Support received	\$	\$
Tax exempt interest income	\$	\$
Untaxed portions of IRA distributions	\$	\$
Housing, food and other living allowances	\$	\$
Non-educational Veterans Benefits	\$	\$
Other untaxed income	\$	\$
Additional Financial Information		
Child support paid because of divorce or separation	\$	\$
Alimony you paid/will pay to ex-spouse	\$	\$
Taxable combat pay or special combat pay	\$	\$

Parent Signature

Date

Please mail or fax this form to:

University of Colorado at Boulder
 Office of Financial Aid, Attn: PJ
 77 UCB
 Boulder, CO 80309-0077
 FAX: 303-492-0838, Attn: PJ