

**ET-Change in Income for Dependent Student
PERIOD: 2009-2010**

Student Name:

WSU ID#:

Email: _____

Phone: _____

The Office of Financial Aid and Scholarships at Washington State University will consider a change in your income to be a valid reason for re-evaluation of financial aid eligibility. In order to have your financial aid re-evaluated you will need to submit **all** of the following:

- 1) Completed *ET-Change of Income* form with signature of student.
- 2) Letter of explanation detailing each factor that has contributed to the change of income.
Note: Loss of overtime earnings will not be considered.
(ie: Loss of job, reduction in hours/wages, etc.)
- 3) Supportive documentation that confirms each factor listed as influencing the change in household income.
Supportive documentation includes (but is not limited to the following): last pay stub, a letter from the employer stating the last day of work, or the most current unemployment benefits statement.

***If any request for consideration of special circumstances was approved in the 2008-2009 school year, you may be required to provide photocopies of the 2008 tax returns for yourself and your parent(s).**

In order to approve a re-evaluation of the students' financial aid award package there must be a significant enough change in the students' income to qualify the student for additional financial aid. If the information does qualify you with additional financial aid eligibility it will be reflected in a revised award notification that will be sent via mail.

Please complete the following verification questions:

1. Will you have a lower income in the academic year than was originally reported on the FAFSA application?

___ Yes ___ No (If yes, please indicate the basis of your circumstance below. If no, go on to question 2.)

- a. ___ Unemployment or change of employment
- b. ___ Disability of student
- c. ___ Other

2. Did you experience a one-time income increase? (e.g. inheritance, moving expense allowance, IRA or pension distribution.)

___ Yes ___ No (If yes, please complete the following below or if no, go on to question 3.)

- a. Source of income: _____
- b. Amount: \$ _____
- c. How funds were spent or invested (documentation required): _____

3. Are you currently employed or receiving any other income sources? ___ Yes ___ No
(If yes, please answer the questions below.)

- a. Date began: _____
- b. Source of income: _____
- c. Monthly Amount: \$ _____

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Return signed completed forms or other documents to your nearest local campus or:
Office of Student Financial Aid, Lighty SVS 380, P.O. Box 641068, Pullman, WA 99164-1068
Phone: 509-335-9711 FAX: 509-335-1385 <http://www.finaid.wsu.edu> e-mail to: finaid@wsu.edu

STUDENT'S (ESTIMATED INCOME) JUNE TO MAY 2009-2010

JUN 1-MAY 31
2009-2010

TAXABLE INCOME EXPECTED TO BE EARNED IN 2009-2010

1. Wages, salaries, tips - student	\$ _____
2. Interest/dividend income	\$ _____
3. Net income from business, rents, royalties, partnerships, estates, trusts, etc.	\$ _____
4. Other taxable income, such as alimony received, capital gains, pensions, annuities, etc.	\$ _____
5. Unemployment or State/Industrial Compensation	\$ _____
TOTAL TAXABLE INCOME	\$ _____

NONTAXABLE INCOME EXPECTED TO BE EARNED IN 2009-2010

6. Nontaxable pensions or retirement benefits	\$ _____
7. Child support (total received for all family members)	\$ _____
8. Other nontaxable income (list types below)	\$ _____

TOTAL NONTAXABLE INCOME	\$ _____

ESTIMATED DEDUCTIONS

10. Child support paid	\$ _____
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NOTICE: THIS FORM WILL BE RETURNED TO THE STUDENT IF IT IS NOT SIGNED BY THE STUDENT. DO NOT ADJUST THE DATES ON THIS FORM.

I CERTIFY THAT THE ABOVE INFORMATION WAS PROVIDED BASED ON THE BEST INFORMATION AVAILABLE TO ME AT THE TIME OF COMPLETING THIS FORM. I FURTHER UNDERSTAND THAT THE OFFICE OF STUDENT FINANCIAL AID IS UNDER NO OBLIGATION TO APPROVE THIS REQUEST AND THE DECISION CANNOT BE APPEALED TO THE DEPARTMENT OF EDUCATION.

WSU STUDENT SIGNATURE

DATE

OFFICE USE ONLY

Adjusted Gross Income _____	Tax Paid _____
Wages _____	Untaxed Income _____
	Est. Deductions _____
EDE Changes: EFC Old _____ New _____	BE Set _____
Prior ProYear: No _____ Yes _____ Year _____	ADDNOTE _____
Resident: No ___ Yes ___	Date FAFSA Submitted: _____ Class Code: _____
Adjustment made to Trans # _____	Time: _____
Staff Member _____	Date _____