## 2011-2012 INCOME ADJUSTMENT REQUEST

New College of Florida – Office of Admissions and Financial Aid

M COLL								
New C	College ID Telephone Number							
Studen	tt's Name E-mail Address							
Impo	<b>rtant:</b> This form must be completed after <i>July 1, 2011</i> and submitted to the Financial Aid Office.							
been a nontaxa 2011 ta	ctions:  orm should be completed AFTER a Free Application for Federal Student Aid (FAFSA) form has been submitted, AND there has change in your family circumstances, which has caused a decrease of \$5,000 or more in your or your parent(s) 2010 taxable or able income. If the Income Adjustment is submitted after January 1, 2012, and you/your parents are required to file a ax return, you must provide a copy of your 2011 tax return and a copy of your parent(s) 2011 tax return(s). Non-filers ubmit W-2 statements.							
Part	Check the condition below which applies to you or your parent(s) and provide all requested information, then continue to Part II of this form.							
A.	You/your spouse/your parent(s) who worked full-time in 2010 has lost his/her job for at least 10 weeks in 2011. Indicate whose income was affected, you, your spouse, father, or mother, dates of unemployment from//10 to//11, and the reason for unemployment:							
	The person whose employment was terminated must provide documentation from his/her employer indicating the last day of employment and total earnings for 2011.  Did the person whose employment was terminated apply for unemployment benefits? Yes. You must attach a statement from the Unemployment Compensation Office indicating the amount of unemployment benefits received/to be received in 2011. No. Explain why not:							
B.	You/your spouse/your parent(s) who received untaxed income or benefits (for example, workers' compensation, social security, AFDC, etc.) in 2010 has completely lost or will lose that income or benefit in 2011. Indicate who was affected, you, your spouse, father, or mother, and date of termination of benefits//11 List type and source of benefit and reason for loss of benefit:							
C.	You/your spouse/your parent(s) experienced, or will experience, a reduction in income of at least \$5,000 in 2011, which does not meet either of the above conditions. Explain (attach an additional sheet if necessary):							
	You must attach appropriate documentation of the reduction in 2011 income (for example, check stubs showing prior and current earnings).							
D.	You/your spouse/your parent(s) separated or divorced after the FAFSA was submitted. Indicate the date of separation or divorce//11. You/your parents must attach the appropriate supporting documentation (for example, divorce decree, letters from lawyer or minister, proof of separate residences).							
E.	Your spouse or parent(s) died after the FAFSA was submitted. <b>You must attach a copy</b> of the obituary, funeral announcement, death certificate, etc. If you are a dependent student, your surviving parent must provide information regarding her/his 2010 and/or 2011 income.							

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## Part II: Projected Income

Spouse/Parent's Signature

If you and your parent(s) both have an income change, please make copies of this page so that student and parental income changes may be tracked separately.

Actual and estimated 2011 Calendar Year Taxable and Nontaxable Income and Current Assets. (If an item does not apply, write in zero.)

**Note:** If you are a dependent student filing this form due to separation, divorce or death of a parent, include only the income of the parent with whom you are living.

			etual			icipated		т	otol
Taxable Incom	e•	Jan 1 – 1	oday, 2011		1 oday –	Dec 31, 2011		1.	otal
	earned from work – Father (You)	\$	.00	+	\$	.00	=	\$	.00
	earned from work – Mother (Your Spouse)	\$	.00			.00			.00
	loyment compensation	\$	.00		\$		=		.00
	axable income – Please specify source(s):								
		\$	.00	+	\$		=	\$	.00
		\$	.00	+	\$	.00	=	\$	.00
		\$	.00	+	\$	.00	=	\$	.00
Total Ta	axable Income	\$	.00	+	\$	.00	=	\$	.00
<b>Untaxed Incom</b>	ne:								
<ol><li>Social S</li></ol>	Security Benefits	\$	.00	+	\$	.00	=	\$	.00
6. Aid to f	families with dependent children (AFDC or ADC)	\$	.00	+	\$	.00			.00
	upport received (12 months)	\$	.00	+	\$	.00			.00
	luctible payments to IRA/Keough	\$	.00	+	\$	.00	=	\$	.00
*9. Other u	ntaxed income and benefits – Please specify source(s)								
		_ \$	.00	+	\$	.00			.00
		\$	.00	+	\$	.00			.00
		\$	.00	+	\$	.00	=	\$	.00
*Include:  **Note:	Welfare benefits, workers' compensation, VA nother living allowances, cash or any money paid pension and savings plans, untaxed portions of subsidies for low income housing or food stamp.  If the total estimated income is less than \$10,00 are able to pay living expenses on this income.	l on you/yo 401(K) and os. 0, attach an	ur spouse/y 403(B) pla additional	our ns.	parent(s) DO NOT et explain	behalf, paym 'INCLUDE: ing how your	AF	to tax de DC, ADC	
By signing	this form, I/we certify that all of the information r If you are a dependent student, at f you purposely give false or misleading informat	least one p	arent must	sign	this form	1.			ect.

Date