



STUDENT INFORMATION

_____ FIRST MIDDLE LAST			_____ CHAPMAN ID
_____ STREET ADDRESS or PO BOX			_____ EMAIL ADDRESS
_____ CITY	_____ STATE	_____ ZIP CODE	_____ HOME PHONE

Parent(s)/Stepparent(s) may use this form to report changes that have occurred since filing the *2009-2010 Free Application for Federal Student Aid (FAFSA)*. Changes resulting from this review **do not** guarantee an increase in aid.

REDUCTION OF INCOME (at least 20% since 2008).

Attach a signed copy of your 2008 federal tax return

Attach a detailed letter of explanation concerning your loss of income, and include:

- your current or prior employer's/agency's name, address and phone number
- separation date or date your income was reduced

Complete all of the information. DO NOT LEAVE BLANKS.

2009 (January 1st-December 31st)
Estimated total gross income from work
Include year to date pay and estimated future earnings

FATHER'S: \$ _____

MOTHER'S: \$ _____

2009 (January 1st-December 31st)

Other Taxable Income

Alimony, dividend/interest income, unemployment compensation, or trust/investment income

FATHER'S: \$ _____

MOTHER'S: \$ _____

2009 (January 1st-December 31st)

Nontaxable Income

Pensions, annuities, social security, AFDC, or child support received

FATHER'S: \$ _____

MOTHER'S: \$ _____

DIVORCE – SEPARATION – DEATH OF SPOUSE

Provide copies of all parents' 2008 W-2s

Attach a separate letter of explanation, with the following information included:

- Date of divorce/separation/death of spouse, if it occurred AFTER filing the 09-10 FAFSA.
- Current household members, relationship, age and monthly child support and alimony you will receive for the 2009 calendar year.
- 2008 business, farm, and/or investment value. Also list 2008 business, farm, and/or investment debt.

The format of the information below should include your letter of explanation and an itemized list of expenses claimed. Please cross-reference the itemized expenses with the supporting documentation and/or receipts provided.

UNUSUAL MEDICAL and/or DENTAL EXPENSES not covered by insurance:

- Attach an itemized list of expenses claimed** and copies of receipts for expenses from Hospitals/Clinics/Doctor's Office. **Do not include premium payments and expenses covered by your insurance.**
- Attach a separate letter of explanation** stating the reason for the expenses.

PRIVATE SCHOOL TUITION:

- Attach a copy of tuition bill, annual agreement, or contract** for tuition expenses incurred by dependent children that are attending a private primary school during the 09-10 academic year.

EXTENDED FAMILY SUPPORT:

- Attach a separate letter of explanation** stating the reason(s) for financially supporting a relative not counted as a member of your household.
 - **List the following information in your letter:**
 - Name, age, and relationship of relative(s).
 - Month and year support began and expected date support will end.
 - Dollar amount of monthly support paid by you.

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT UNDERESTIMATING PROJECTED INCOME COULD RESULT IN REDUCED ELIGIBILITY AND/OR REPAYMENT OF AID AND/OR DENIAL OF FUTURE REVIEWS/APPEALS.

PARENT'S SIGNATURE

DATE

PARENT'S NAME (PLEASE PRINT)

PARENT PHONE

PARENT ADDRESS

PARENT EMAIL ADDRESS

CITY

STATE

ZIP