

Your financial aid award for 2009-2010 was based on an estimate of your parents' 2009 income. Your eligibility must be reassessed at the end the year. Please complete and submit this form along with either December pay stubs or 2009 W-2 forms for all wage earners in your household or submit your signed 2009 federal income tax return, including W-2 forms and all schedules. No funds can be disbursed for the spring semester until these requirements are satisfied.

**PLEASE NOTE: substantial differences between the estimates and the final, actual income amounts may require revision of the student's financial aid award. Do not leave any line blank; write in "0" if the item does not apply.**

|   |          |
|---|----------|
| Father's/stepfather's wages, salaries, tips   | \$ _____ |
| Mother's/stepmother's wages, salaries, tips   | \$ _____ |
| Interest income   | \$ _____ |
| Dividend income   | \$ _____ |
| Net income from business, farm, rents, royalties, partnerships, estates, trusts, etc.   | \$ _____ |
| Capital gains, pensions, IRA distributions (exclude rollovers), annuities, etc.   | \$ _____ |
| Welfare benefits (except AFDC or ADC), including TANF   | \$ _____ |
| Social Security benefits (attach copies of all forms SSA-1099 for the student's household)  | \$ _____ |
| Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on the W-2 form in boxes 12a through 12d, and IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans  | \$ _____ |
| Alimony received  | \$ _____ |
| Child support received for all children   | \$ _____ |
| Housing, food, and other living allowances paid to members of the military clergy, and others, including cash payments and cash value of benefits. Do not include rent subsidies for low-income housing.  | \$ _____ |
| Any Other Untaxed Income (PLEASE DESCRIBE) including, but not limited to, veteran's non-education benefits such as Disability, Death Pension, Dependency and Indemnity Compensation (DIC), VA Educational Work-Study allowances, worker's compensation, untaxed portions of Railroad Benefits, Black Lung Benefits, Refugee Assistance. | \$ _____ |

I certify that the information reported on this form is correct and complete to the best of my knowledge.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's WFU ID#

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent's Signature (father or stepfather)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent's Signature (mother or stepmother)

\_\_\_\_\_  
Date Signed