

**INDEPENDENT STUDENT
REDUCED INCOME CONSIDERATION FORM
2017-18**

STUDENT'S NAME _____

SOC. SEC. NO. _____

In cases where there has been at least a \$6,000 reduction in 2016/17 income (when compared with 2015 income) and at least ten weeks since the change in circumstance occurred, we will evaluate your request for reduced income consideration and award additional assistance, providing funds are available. Please complete and return this form to the Office of Financial Aid, Wilson College, 1015 Philadelphia Avenue, Chambersburg, PA 17201-1285.

1. Indicate the reason(s) for your reduction in income below and/or on page 2, complete all sections, and attach any required documentation.
2. Complete the Certification Statement and write a brief summary of your special circumstances on page 2. This form should not be returned prior to May 13, 2017.

Please indicate the reason for your change in income. Mark all that apply and attach the required documentation.

Loss of Income from Work

Period of Unemployment: from _____ to _____

- Layoff.** Provide a letter from employer stating effective date and anticipated return.
- Company Closing.** Provide a letter from employer stating effective date.
- Job Termination.** Provide a letter from employer stating effective date. If this is not available, provide documentation from local unemployment office.
- Disability.** Date of Disability: _____ Attach physician's documentation of disability.
- Quit job or reduced employment to attend school.** Provide a letter from employer stating effective date.
- Other.** Please specify and provide appropriate documentation.

Loss of Taxable or Untaxed Income

- Alimony.** Provide court document(s) stating termination date of benefit.
- Unemployment.** Provide a letter from the unemployment office stating termination date of benefit.
- Social Security.** Provide Social Security Administration notification of termination of Benefit.
- Child Support.** Provide a letter or court document stating termination date of benefits.
- Other.** Please specify and provide appropriate documentation.

Other Circumstances

- Death of Spouse.** Since applying for financial aid, your spouse has died.
Date of death: _____ a signed copy of your 2015 US Income Tax Return and W-2 form(s).
Give only your information when completing Section A.
- Divorce.** Since applying for financial aid, you have become divorced.
Date of divorce: _____
Attach a copy of the divorce decree and a signed copy of your 2015 US Income Tax Return and W-2 form(s).
Give only your information when completing Section A.

Separation. Since applying for financial aid, you have become separated.
 Date of separation: _____
 Current address of spouse: _____
 Attach a signed copy of your 2015 US Income Tax Return and W-2 form(s). Give only your information when completing Section A.

Medical Expenses Unreimbursed medical/dental expenses which exceed 5% of the total family income including the adjusted gross income reported on the 2015 U.S. Income Tax Return plus any untaxed income. Attach a signed copy of your 2015 US Income Tax Return and W-2 forms(s), as well as Schedule A (if applicable). Indicate the amount of money which you PAID in 2015 for medical and dental expenses (including insurance premiums). Do Not Include amounts covered by insurances, your company pre-tax medical/dental reimbursement account (flexible spending amount), and monies paid toward establishing the company medical reimbursement account if tax-deferred, or self-employed health deductions from Form 1040-line 29. Indicate whether your family medical/dental expenses were paid from income, savings, and/or other sources and indicate the approximate amount paid from each source. You may wish to attach bills, out-of-pocket payments, etc.

A. Report all income you have actually received from January 1, 2016 through today. Then estimate all income you expect to receive through December 31, 2016. PLEASE ATTACH DOCUMENTATION OF ALL INCOME. Documentation should include last pay stubs with year-to-date earnings from all employers for you and your spouse or a letter from your employer stating your total and estimated earnings for the year.

INCOME FOR JANUARY 1, 2017 TO DECEMBER 31, 2017	ACTUAL 01/01/17 to Today (not prior to 5/13/17)	ESTIMATED Today to 12/31/2017	TOTAL ACTUAL PLUS ESTIMATED
Expected 2016 income earned from work by student (wages, salaries, tips, net business/farm income)			
Expected 2016 income earned from work by spouse(wages, salaries, tips, net business/farm income)			
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.) SOURCE(S):			
Social Security Benefits			
Welfare Benefits, including TANF (no Food Stamps)			
Child Support Received			
Other untaxed income (earned income credit, worker's compensation, payments to IRA/Keogh, etc.) SOURCE(S):			
TOTAL 2017 INCOME			

B. SUMMARY OF REDUCED INCOME

C. CERTIFICATION: I certify that the information provided on this document is true and complete to the best of my knowledge. I agree to provide proof of the information that I have reported on this form if asked by the Office of Financial Aid. I also realize that if I do not provide proof when asked, I will not receive reduced income consideration.

Student's Signature _____ Date _____