	First		MI
Father	□ Mother	Student	Student's Spouse
nt Year			
give the date o	f the change.		
fective Date:			
	give the date o	give the date of the change.	give the date of the change.

Job Loss	Effective Date:	
Reduced Work Income	Effective Date:	
New Job	Effective Date:	
Death of Spouse or Parent	Effective Date:	
Disability	Effective Date:	
One-Time Income	Description:	

B. Extraordinary Heathcare Expenses that Exceed 7.5% of Annual Income

- Total healthcare expenses <u>paid</u> by you and not covered by insurance? \$
- On a separate page, briefly describe all major healthcare expenses, including dates and reasons for large expenditures.

C. Other Catastrophic Financial Events that Exceed 7.5% of Annual Income

Exceptional Dependent Care	Amount:	
Funeral Costs	Amount:	
Non-elective Home Repairs	Amount:	
Legal Fees	Amount:	
Support from Extended Family	Amount:	
Unreimbursed Business Expenses	Amount:	
Other:	Amount:	

TOTAL ESTIMATED ANNUAL INCOME BY CATEGORY FOR THE CURRENT YEAR

Anticipated Annual Income	Parent's	Student/Spouse
Income earned from Work	Father	Student
income earned from work	Mother	Student's Spouse
Unemployment Compensation		
Other Taxable Income (Interest/dividends, pensions, rent, S-Corporations)		
Untaxed Income (Child support, contributions to pensions/retirement)		
One-Time Income (Inheritance, Back Social Security, Pensions Payments)		
Total Anticipated Income		

Certification – Please sign and date this form.

All information is true and complete to the best of my knowledge. I agree to provide any documentation that will verify the accuracy of this information. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison or both.

Student Signature

Date

Date

Parent Signature

Disclaimer- According to Maryland law, the college is required to report any information you disclose regarding suspected current and/or past abuse (including but not limited to childhood abuse or neglect). Depending upon the nature of the abuse and the age of the individual, information is subject to reporting to Garrett College Campus Safety and/or Title IX Coordinator, and/or Garrett County Department of Social Services, and/or local law enforcement offices. If there are concerns about reporting, please contact the Office of Equity and Compliance, by phone at 301-387-3037 or email at equitycompliance@garrettcollege.edu.