

Central Virginia Community College  
Office of Student Financial Aid Services

Reduced Income Statement Form  
Academic Year 2009-2010

Name \_\_\_\_\_ SSN \_\_\_\_\_

Reduction of income of \_\_\_\_\_ Student \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

\_\_\_\_ Loss of full-time employment as of \_\_\_\_\_  
(Documentation required from previous employer)

\_\_\_\_ Termination of unemployment benefits as of \_\_\_\_\_  
(Documentation required from VEC)

\_\_\_\_ Termination/reduction of benefits  
\_\_\_\_ Social Security (provide appropriate documentation)  
\_\_\_\_ Child Support (provide appropriate documentation)  
\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Divorce or separation after completing the FAFSA (provide court documentation or notarized statement)

\_\_\_\_ Death of a spouse/parent (circle one)

\_\_\_\_ Unusual expenses for 2008 \_\_\_\_\_ (explain on back)

\_\_\_\_ Other (explain on back)

Student's Projected Income for 2009

2009 income from work-student	\$ _____
2009 income from work-spouse	\$ _____
2009 unemployment benefits	\$ _____
2009 social security benefits	\$ _____
2009 child support benefits	\$ _____
2009 other untaxable income	\$ _____

Parent's Projected Income for 2009

2009 income from work-father	\$ _____
2009 income from work-mother	\$ _____
2009 unemployment benefits	\$ _____
2009 social security benefits	\$ _____
2009 child support benefits	\$ _____
2009 other untaxable income	\$ _____

I certify that I have the special circumstances listed above and that my/our estimate of projected 2009 income is as accurate as possible. I understand that underestimating the above amounts may result in an overpayment of financial aid funds. If an overpayment occurs, I will be required to repay the funds to Central Virginia Community College.

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

Spouse's or Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_