



Student Name

Student PID (Pxxxxxxxxx)

Student Signature

Date

Parent Signature (if applicable)

Date

1. Individuals may be required to file the 2018 1040 Federal Return Schedule 1 if certain conditions are met. The Schedule 1 must be filed to report any of the following: alimony received or paid, business income/loss, capital gain/loss, rental income/loss, farm income/loss, or self-employment. Please indicate if you, your spouse, or your parent(s) were **required** to file a 1040 Federal Return Schedule 1.

My parents were: ___ **required** to file schedule 1 ___ **not** required to file schedule 1

Student (and/or spouse) was: ___ **required** to file schedule 1 ___ **not** required to file schedule 1

2. Families receiving benefits from certain Federal means-tested programs in 2018 or 2019 may qualify for a reduced Expected Family Contribution. Please indicate if your family has received benefits from any of these programs in 2018 or 2019.

- | | |
|---|---|
| <input type="checkbox"/> Medicaid OR Supplemental Security Income (SSI) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Free and reduced school lunches | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) OR Women, Infants, and Children (WIC) |
| <input type="checkbox"/> None of Above | |

3. As of today are you or is either parent considered a dislocated worker based on the following criteria:

- | | |
|---|--|
| <ul style="list-style-type: none"> • They are self-employed but are unemployed due to economic conditions or natural disasters • They are receiving unemployment benefits due to reasons other than quitting their job. | <ul style="list-style-type: none"> • They have lost their job or laid off • They are active duty service member or spouse of one who is unemployed due to relocation • They are a displaced homemaker |
| ___ Yes, myself ___ Yes, my parent | ___ No |

4. Report the requested amounts below that accurately reflect assets as of the completion date of your original 2020-2021 FAFSA. Enter either a ZERO or a dollar value for each item below. **Do not leave this blank.**

Assets:	Student/Spouse	Parent
Balance of cash, savings and checking accounts	_____	_____
Value of investments (Do not include home, retirement plans, and pensions)	_____	_____
Value of Businesses and/or Investment Farms (Do not include family farm with 100 or less employees)	_____	_____