

___ Death of an individual on the following date: _____

Documents Needed: (additional documentation may be requested)

- A copy of the death certificate
- A copy of the 2022 Missouri state tax return
- An explanation of any life insurance benefits already received or anticipated due to the death.

___ Disability:

Documents Needed: (additional documentation may be requested)

- Attach a (signed) letter of explanation, indicating the type(s) and amount(s) of benefits lost and how long the benefits were/will be received during the 2024 year.
- Submit a copy of any documentation verifying the disability.

___ Loss of financial benefits:

Documents Needed: (additional documentation may be requested)

- Attach a (signed) letter of explanation about the type(s) and amount(s) of benefits lost, and how long the benefits were/will be received during the 2024 year.
- Submit a copy of any documentation verifying this loss of financial benefits.

3. If **other circumstances beyond your control** caused (or will cause) your and/or your family's financial resources to be lower for the 2024 calendar year than they were in 2022, **attach a (signed) letter of explanation and include documentation verifying these circumstances.**

The following information MUST be provided.
Enter '0' if there will be no expected gross income or benefit for that item.

Following are the **total gross income and benefits expected to be received during the 12-month 2024 calendar year** (January through December) for **all** family members:

Earnings from employment - student \$ _____

Earnings from employment – spouse (if applicable) \$ _____

Earnings from employment - mother/stepmother \$ _____

Earnings from employment - father/stepfather \$ _____

Child Support received \$ _____

Unemployment Benefits \$ _____

Disability Benefits \$ _____

Veteran Benefits \$ _____

Other (**submit a signed letter of explanation**) \$ _____

Total for the 12-month 2024 calendar year \$ _____

I (we) certify the information provided on (and included with) this request is **true and accurate** to the best of my (our) knowledge. I (we) promise to notify UCM Student Financial Services if the above information changes **after** this document has been submitted. I (we) understand any adjustments made by the UCM Office of Student Financial Services **may or may not** result in an increase in my federal financial aid eligibility.

Student Signature _____ Date _____

Spouse Signature _____ Date _____

Father/Step-father Signature _____ Date _____

Mother/Step-mother Signature _____ Date _____

Complete and submit this form and **all supporting documents** to UCM **Student Financial Services** in person (1100 Ward Edwards Bldg.), or by mail (Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080). **If all documentation has not been submitted there will be delays in processing.**

===== **UCM Student Financial Services Use Only** =====

[] Approved [] Denied Counselor Signature: _____