



\_\_\_ Death of an individual on the following date: \_\_\_\_\_

**Documents Needed:** (additional documentation may be requested)

- o A copy of the death certificate
- o A copy of the 2017 Missouri state tax return
- o An explanation of any life insurance benefits already received or anticipated due to the death.

\_\_\_ Disability:

**Documents Needed:** (additional documentation may be requested)

- o 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 **2019** year.
- o Submit a copy of any documentation verifying the disability.

\_\_\_ Loss of financial benefits:

**Documents Needed:** (additional documentation may be requested)

- o 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 **2019** year.
- o 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 2019 calendar year than they were in 2017, **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 2019 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 2019 calendar year** ..... \$ \_\_\_\_\_

I (we) certify that 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 the UCM Office of Student Financial Services if the above information changes **after** this document has been submitted. I (we) understand that 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 the UCM **Office of 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 Office of Student Financial Services Use Only** =====

[ ] Approved [ ] Denied Counselor Signature: \_\_\_\_\_