

## Change of Income Form

**Georgetown University Law Center, Office of Financial Aid, 600 New Jersey Avenue, NW, Washington, DC, 20001**  
**Fax: 1-866-264-9378**

During the evaluation of your application for financial aid, we noticed that you or your parents anticipate having a change in income during the **2009** year. In order to accurately assess your eligibility, we need additional information to supplement what was collected on the FAFSA and/or the CSS Profile/Need Access application.

Please complete and return this form to the Financial Aid Office as soon as possible. If this form is not received within two weeks, your aid evaluation will be based on the 2008 tax year information that you submitted, which could limit your eligibility for both Georgetown and Federal financial aid.

Complete the questions below for the 2009 tax year, using your best estimates if actual figures are not available. Enter a "0" or "N/A" in any category that is not applicable.

Student Name: \_\_\_\_\_ Georgetown ID: \_\_\_\_\_

Check one:

I am completing this form due to anticipated change in **student** income for the year 2009.  
**No additional parent information is needed. Proceed below to question one.**

I am completing this form due to anticipated change in **parent** income for the year 2009.

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

1. Reason for change in income:

Retirement or new job                       Job termination  
 Other: \_\_\_\_\_

2. Effective date when income changed or will change: \_\_\_\_\_

3. If you are currently or will be unemployed, do you expect to obtain other employment during the 2009 tax year?

Yes                       No                       Part-time                       Full-time                       N/A

Income Source	Student/Parent	Student/Parent Spouse (if applicable)	Total
Income earned in 2009 to date	\$ _____	\$ _____	\$ _____
Anticipated earnings for remainder of 2009	\$ _____	\$ _____	\$ _____
Severance pay, accumulated leave, etc.	\$ _____	\$ _____	\$ _____
Unemployment compensation			
Weekly \$ _____ Number of weeks _____ Total \$ _____	\$ _____	\$ _____	\$ _____
Employee stock divestment	\$ _____	\$ _____	\$ _____
Income from retirement, annuity pension, social security			
Weekly \$ _____ Number of weeks _____ Total \$ _____	\$ _____	\$ _____	\$ _____
Projected income during 2009 from investments (stock dividends, capital gains, interest income, lease-purchase agreements, etc.)	\$ _____	\$ _____	\$ _____
Untaxed income/benefits during 2009 (child support, AFDC, foreign income, etc.)	\$ _____	\$ _____	\$ _____
Anticipated income from all other sources during 2009	\$ _____	\$ _____	\$ _____
<b>Total 2009 income (add all of the above sources)</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

I (we) certify that the information provided here is complete and accurate to the best of my (our) knowledge. I (we) agree to provide further validation of these estimates, if requested. I (we) will inform the Financial Aid Office in writing within thirty days of any change in the information provided.

Signature of student/parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of student/parent spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form by mail to the address or fax number above.**