

**MCHENRY COUNTY COLLEGE PROFESSIONAL JUDGEMENT
DEPENDENT STUDENT – MOTHER/STEPMOTHER**

Name: _____ Date: _____

ID#: _____ Mother's/Stepmother's Name: _____

1. Will your Mother/Stepmother's income be significantly less in 2009 than in 2008? YES NO
2. Please check the appropriate reason and explain below, giving the date of the change in your situation
Date: _____

- A. ___ Unemployment/change of employment C. ___ Disability E. Other _____
 B. ___ Divorce/Separation D. ___ Death of spouse

Please explain your special circumstance in **detail** – attach additional sheets as necessary

DOCUMENTATION IS REQUIRED! Attach copies of all documents to support your request.
 Examples: last pay stub, unemployment forms, layoff notice, court papers, doctor's note, disability claim, death certificate etc.
Any amounts entered below must match attached documentation. DO NOT leave blank areas please enter zero if it does not apply.

Income Type	Estimated Income for 2009**
Mother/stepmother's wages, salaries, tips (include severance pay, disability, and other income from work)	
Unemployment Benefits	
Social Security Benefits	
Alimony and/or child support received	
Aid to families with dependant children	
Other untaxed income (cash, worker's compensation, etc)	
Total anticipated income for 2009	

**Please report estimated income for 2009 after your income loss

The above amounts are true and accurate to reflect my anticipated income for 2009. I have enclosed all documentation required.

Date: _____ Student Signature: _____

Mother's/Stepmother's Signature: _____

If parent is divorced or separated, give only one parent's information. If the loss of income was due to the death of a parent, give only surviving parent's information.

Complete and return this form to the Office of Financial Aid and Veterans Services, Room A256
 8900 US Hwy 14 Crystal Lake, IL 60014 ~ (815) 455-8761

Approved _____ Denied _____ Office use only

Comments: _____

Date: _____ FAO Signature: _____