

**MCHENRY COUNTY COLLEGE PROFESSIONAL JUDGEMENT
INDEPENDENT STUDENT'S SPOUSE**

Name: _____

Date: _____

ID#: _____

Spouse's Name: _____

1. Will your spouse'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 spouse's 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**
Spouse'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 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: _____

Spouse's Signature: _____

If you are divorced or separated, give only your information. If the loss of income was due to the death of a spouse, give only your 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

Office use only

Approved Denied

Comments: _____

Date: _____ FAO Signature: _____