

University of Central Missouri
Student Financial Services
P.O. Box 800
Warrensburg, MO 64093-5178
Phone 660-543-8266
FAX 660-543-8080
On-line: www.ucmo.edu/sfs
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UCM use only

Recalculation_ . S G I Page 1 of 2 0 \$ 5 , 20

RECLC1

Student's Name (please print) 700
UCM ID Number

Permanent/Home Mailing Address:

Number/Street/Apt. City State Zip Code

Permanent/Home Telephone # Student Telephone or Cell #

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- x Respond completely and accurately to **all items on both pages** of this document.
- x Submit all required documents.
- x Submit copies of both you and your parents' **20 tax return transcripts** R U L J Q W D G H W X U Q V. If yots(our)Tj -0.04

___ 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 20 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 20 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 20 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 20 calendar year than they were in 20 , **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 20 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 \$ _____

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