NameID 2021-22 Loss of Benefits-Indep Stu (733)			Financial Aid Office Sherman Hall 127 1 University Circle Macomb, IL 61455-1390 Phone: 309/298-2446 FAX: 309/298-2353
I, my spouse, or my dependent(compensation, or other untaxed benefits now. Loss of veteran's considered.	income or benefi	its in 2019 but have lost	some or all of these
If you are currently unemplo	yed, please cons	sider the <mark>2021-22 Stude</mark>	nt Income Appeal.
I am completing and returning	g this form with t	the following informati	on:
Documentation confirminCopy of my signed 2019	•		
Type of benefits lost:			
□ Child Support□ Unemployment Income□ Other Untaxed Income or Be	enefit Type:		
	,, <u>—</u>		
·	ionship of this to me (student)	Monthly amount you were receiving	Amount received since 1/1/21
		\$	
		\$	
		\$	

_Date_____

Student's signature_____