I, my spouse, or my dependent(s) received court ordered child support, unemployment compensation, or other untaxed income or benefits in 2020 but have lost some or all of the benefits now. Loss of veteran's educational benefits, Social Security/SSI, or TANF cannot considered. If you are currently unemployed, please consider the 2022-23 Student Income Appear I am completing and returning this form with the following information: Documentation confirming date benefits ended Copy of my signed 2020 Federal Income Tax Return Type of benefits lost: Child Support Unemployment Income Other Untaxed Income or Benefit Type: Name of person who Relationship of this Monthly amount you Amount received	ID	nefits-Indep Stu (733)	Weste	rn Illinois University Financial Aid Office Sherman Hall 127 1 University Circle Macomb, IL 61455-1390 Phone: 309/298-2446 FAX: 309/298-2353
I am completing and returning this form with the following information: Documentation confirming date benefits ended Copy of my signed 2020 Federal Income Tax Return Type of benefits lost: Child Support Unemployment Income Other Untaxed Income or Benefit Type:	compensation, or other benefits now. Loss of	untaxed income or benefi	its in 2020 but have lost s	some or all of these
 Documentation confirming date benefits ended Copy of my signed 2020 Federal Income Tax Return Type of benefits lost: Child Support Unemployment Income Other Untaxed Income or Benefit Type: 	If you are currently	unemployed, please cons	ider the <mark>2022-23 Studer</mark>	t Income Appeal.
Copy of my signed 2020 Federal Income Tax Return Type of benefits lost: Child Support Unemployment Income Other Untaxed Income or Benefit Type:	l am completing and i	returning this form with t	the following information	on:
□ Child Support □ Unemployment Income □ Other Untaxed Income or Benefit Type:		•		
□ Unemployment Income □ Other Untaxed Income or Benefit Type:	Type of benefits lost:			
	☐ Unemployment Inco			
Name of person who Relationship of this Monthly amount you Amount receive		,, <u> </u>		
	Name of person who lost benefits	Relationship of this person to me (student)	Monthly amount you were receiving	Amount received since 1/1/22
\$			\$	
\$			\$	
\$			\$	

_Date_____

Student's signature_____