Name: ID:			Western Illinois University Financial Aid Office Sherman Hall 127 1 University Circle Macomb, IL 61455-1390	
2017-18 Loss of Benefits-Parent (732)			Phone: 309/298-2446 FAX: 309/298-2353	
My parent(s) received court untaxed income or benefits i veteran's educational benefit of the source	in 2015 but have lost soits, Social Security/SSI,	ome or , or TA	all of these ben NF cannot be co	efits now. Loss of onsidered.
<ul> <li>Complete and return this form with the following information:</li> <li>Documentation confirming date benefits ended</li> <li>Copy of my parents' signed 2015 Federal Income Tax Return</li> </ul>				
Type of benefits lost:				
<ul><li>☐ Child Support</li><li>☐ Unemployment Income</li><li>☐ Other Untaxed Income o</li></ul>	r Benefit Type:			
_	,, <u>——</u>			
Name of person who lost benefits	Relationship of this person to me (student)		hly amount you ere receiving	Amount received since 1/1/17
		\$		
		\$		
		\$		
Student's signature				Date
Parent's signature			Date	