



2017-2018 Change of Circumstance

Student Name: _____ Student ID# _____

The majority of financial assistance is based upon 2015 information provided on the FAFSA. We recognize that a family's income is not always consistent from one year to the next, and that circumstances beyond a family's control may inhibit a family's ability to contribute to educational expenses. We welcome the opportunity to discuss a substantial change in your family's status since filing the FAFSA. Changes resulting from this review do not guarantee an increase in your aid since a loss of income may have little or no effect on your financial aid eligibility.

Please Note: This form will not be processed until all documents have been submitted.

Change of Circumstance

Please provide the following documentation indicated below as applicable. **Any unemployment period must have lasted at least 10 consecutive weeks.**

Loss/Change of Income: Unemployment, retirement, untaxed income, etc.

Loss of Wage Earner: Divorce, Separation, Disability, Death of Parent or Spouse, etc.

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| <ul style="list-style-type: none"> <input type="checkbox"/> Letter explaining situation. Include: <ul style="list-style-type: none"> • Dates associated with the job loss/change • Eligibility for unemployment, severance, retirement, social security or other income <input type="checkbox"/> Proof of loss of income (e.g. letter from employer) <input type="checkbox"/> Proof of previous salary (e.g. most recent paystub) <input type="checkbox"/> Documentation of unemployment, severance, retirement, social security or other income <input type="checkbox"/> Signed copy of 2016 Federal Tax Return <input type="checkbox"/> Copy of 2016 W2s | <ul style="list-style-type: none"> <input type="checkbox"/> Letter explaining situation. Include: <ul style="list-style-type: none"> • Dates associated with loss of wage earner • Eligibility for alimony or child support • Eligibility for social security or other income <input type="checkbox"/> Documentation of loss (e.g. divorce decree or death certificate) <input type="checkbox"/> Documentation of alimony, child support, social security, or other income <input type="checkbox"/> Signed copy of 2016 Federal Tax Return <input type="checkbox"/> Copy of 2016 W2s |
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Certification and Signature

I certify that the information provided is true and correct to the best of my knowledge.

Student Signature

Date

Parent Signature (if dependent)

Date