



Financial Aid

2009-2010 CHANGE IN FAMILY CIRCUMSTANCES FORM

Student Name _____ Student SSN # _____

Dear Student,

You/your parents have indicated that there is a recent change in your financial situation. Completion of this form will help us evaluate your need for financial assistance based on your special circumstances. Qualifying factors might be due to an unusual expense, a loss of income, or a divorce (since filing your FAFSA). Situations we will NOT consider include the inability to liquidate assets, consumer indebtedness, mortgage payments, property taxes, or home repairs. You may include any other comments that you may wish to share with us on the reverse side. Please be as specific as possible, especially with dollar amounts. Return all information to the Financial Aid Office at the address listed below.

Section A – Loss of Income

1. Has either parent experienced a loss of employment? () Yes* () No

*If YES, please submit documentation

Last date of employment _____

The loss of employment was a result of (check all that apply)

() Layoff/Plant Shutdown () Termination () Illness

() Other (please describe): _____

(Complete numbers 2-12, even if the answer is zero. Don't leave items blank. Put 'N/A' if not applicable)

2. Father/Stepfather's expected 2009 income (i.e. wages, salaries, tips, etc): \$ _____

3. Mother's/Stepmother's expected 2009 income (i.e. wages, salaries, tips, etc): \$ _____

4. Parents' other 2009 taxable income –circle items (i.e. alimony received, business and farm income, capital gains, interest, dividend income, pensions, annuities, rents, severance pay, etc.) \$ _____

5. 2009 Unemployment compensation benefits \$ _____ per week X _____ weeks = \$ _____

6. Total Taxable Income (Sum of lines 2,3,4 and 5) \$ _____

7. Parents' 2009 non-taxable income - circle items (i.e. earned income credit, IRA/KEOUGH contributions, untaxed pensions, tax-exempt interest, Workers Compensation, TANF benefits, etc.)

8. Social Security benefits for household members \$ _____ per month X _____ months = \$ _____

9. Expected 2009 child support for all children \$ _____

10. Total Non-Taxable Income (sum of lines 7,8 and 9) \$ _____

11. Student's expected income (taxable and non-taxable) from Jan 1, 2009-Dec 31, 2009 \$ _____

12. If applicable, please describe why the student's 2009 income will differ from 2008 _____

Section B – Unusual Expenses

If your special circumstance involves an unusual expense, please provide information regarding that expense. Be sure to include copies of receipts showing your payments for that expense:

Expense: _____ Date: _____ Amount: \$ _____

Expense: _____ Date: _____ Amount: \$ _____

Expense: _____ Date: _____ Amount: \$ _____

EXPLANATIONS/SPECIAL CIRCUMSTANCES:

(Please be specific; attach additional paper, if necessary)

SIGNATURES (A parent must sign if updating parent information. Student must sign if updating student information).

I certify that the information provided is accurate to the best of my knowledge.

Parent Signature _____ **Date** _____ **Student Signature** _____ **Date** _____