

Union College Financial Aid Office  
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 Schenectady, NY 12308

# UNION

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# COLLEGE

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## 2016-2017 CHANGE IN FAMILY CIRCUMSTANCES FORM

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ UNION ID \_\_\_\_\_

This form is used by families who have experienced a change in financial circumstances **after filing** the FAFSA/CSS Profile. Our office will use all provided information to evaluate your need for additional financial assistance based on your special circumstances. Qualifying factors might include an unusual expense, a loss of income, or a divorce. Situations we will NOT consider: the inability to liquidate assets, consumer indebtedness, mortgage payments, property taxes, or home repairs. Please be as specific as possible when providing dollar amounts. **We will not review forms that are incomplete or that are not accompanied by supporting documentation.**

### Change in Circumstance

Please select the box that best describes your situation. Remember, the change must have occurred **after** submission of your financial aid application materials (eg., FAFSA or CSS Profile)

**Loss of Income From Work**

- A parent/stepparent who earned money in 2015 has lost his/her job and has been unemployed for at least 9 weeks in 2016
- A parent/stepparent has experienced a loss of income due to disability
- A parent/stepparent is now earning a significantly reduced rate of pay

### Supporting Documentation:

- Letter from previous employer verifying loss of employment and date of termination
- Most recent pay stub (if re-employed, include most recent pay stub from new position as well)
- Documentation of any benefits you are receiving (eg., Worker's Compensation, Unemployment, Disability, etc.) and time period you will be receiving the benefit

**The chart below must be completed with estimated 2016 income amounts or we will be unable to evaluate your need for additional assistance. The line numbers listed correspond to the IRS 1040 Federal Tax Return. Please have your last completed tax return available for reference purposes.**

ESTIMATED TAXABLE INCOME	2016 ESTIMATE
Father/stepfather's taxable wages (Line 7)	
Mother/stepmother's taxable wages (Line 7)	
Rental/business/capital losses (Lines 12+13+17 -If negative amount, use minus sign)	
IRA distribution, pension distribution, social security benefits (Lines 15b, 16b & 20b)	
Unemployment compensation (Line 19)	
Other (List source: _____ )	
<b>Total Income (Line 22)</b>	
Less IRA, self-employed SEP/SIMPLE plans and health savings deduction (Lines 25,28 & 32)	
Less any other adjustments to income (Lines 23-35, excluding 25, 28 & 32)	
<b>Adjusted Gross Income (Line 37)</b>	

ESTIMATED UNTAXED INCOME	2016 ESTIMATE
Tax-Deferred Pension (On W-2: Box 12A-12D, codes D, E, F, G, H, J, or S)	
Tax-Exempt Interest (Line 8b)	
Worker's Compensation	
Child Support Received	
Social Security Benefits for all household members(Subtract line 20b from line 20a)	
IRA/Pension (Subtract line 15b from line 15a and/or subtract line 16b from line 16a)	
Other (list source: _____)	

# 2016-2017 CHANGE IN FAMILY CIRCUMSTANCES FORM(Page 2)

LAST

FIRST

MIDDLE INITIAL

UNION ID

**Loss of Child Support**

•A parent/stepparent received child support in 2015 and has had or will experience a complete loss of this support in 2016

Monthly amount of child support: \_\_\_\_\_

Last date it was or will be received: \_\_\_\_\_

**Supporting Documentation:**

•Verification of court-ordered child support and date that support will cease (e.g., separation/divorce decree)

**Separation or Divorce**

•Your parents have separated or divorced since submitting FAFSA/CSS Profile

**Supporting Documentation:**

•Legal separation papers, verification letter from attorney, or divorce decree

•2015 W-2 from Custodial Parent and 2015 IRS federal tax transcript (if not submitted previously)

•Documentation of any child support/alimony to be received per month

•Custodial parent must complete the chart on page 1 of this form with 2015 estimated income information

**Death of a Wage Earner**

•Your parent(s) has passed away since you submitted the FAFSA/CSS profile

**Supporting Documentation:**

•2015 W-2 of surviving parent and 2015 federal tax transcript (if not submitted previously)

•Verification of benefits that will be received as a result of wage earner's death

•Death certificate

•Chart on page 1 of this form must be completed with 2016 estimated income information

**Other Circumstance not listed**

Please list your situation below and contact the financial aid office for required documentation

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**Certification**

By signing this form, I certify that all of the information reported to qualify for Federal and Institutional Financial Aid is complete and correct to the best of my knowledge.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE