



This form can be used to report changes that could affect the 2024-2025 Free Application for Federal Student Aid (FAFSA). Follow the steps below and return this form with the appropriate documentation to the Office of Financial Aid. Once the information is reviewed, you will be notified of the decision. All decisions are final. All documentation is required to be submitted together. Information will not be accepted after initial submission.

**Required Documents:**

1. A detailed letter documenting the facts of your circumstance(s)
2. A signed copy of your (and your spouse’s if applicable or parent’s if dependent) most recent tax return(s)
3. Any documents listed in Section B that are applicable

**Section A – Student Information**

Student ID #: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Email: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

**Complete if Dependent Student:**

Parent(s) whose information was provided on your FAFSA:

Parent (1) Name: \_\_\_\_\_

Parent (2) Name: \_\_\_\_\_

Parent(s) contact number: \_\_\_\_\_

Including yourself, list all persons who live in your household or the household of parents if a dependent student.

Full Name	Age	Relationship
		<i>SELF</i>

## Section B – Student Information

From the list provided, mark the reason for the requested review of your family's financial situation and provide the listed documentation

**Loss of a Job, or Parental Loss of Job**

- Provide Separation/Termination Notice or documentation from employer showing effective date of termination
- Provide Documentation of severance package (if one exists)
- Provide Statement of Unemployment Benefits and effective dates

**Loss of Untaxed Income**

**Loss of Social Security Benefits**

- Provide notification of termination of benefits

**Loss of Child Support**

- Provide court documentation stating the date of termination of benefits and prior amount(s)

**Loss of Worker's Compensation**

- Provide appropriate official documentation stating date of termination of benefits and prior amount(s)

**Loss of Taxable Income**

**Loss of Alimony**

- Provide court documentation stating the date of termination of benefits

**Loss of Unemployment Benefits**

- Provide appropriate letter from the unemployment office stating date of termination of benefits

**Other:** please specify and provide appropriate documentation

**Excessive Medical Expenses** [payments made out of pocket beyond what you insurance covers. Do not include insurance premium costs]

- Provide all bills showing the expenses
  - Provide proof of personal payment of the expenses in question (check stubs, receipts, etc.)

**Lump Sum (one-time) income** [this could include, but is not limited to inheritance, moving expense allowance, lump sum retirement payments, etc.]

- Provide appropriate documentation identifying the income in question and how the funds were spent if invested or expended.

**Other Circumstances**

- Please explain:

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**Section C – Income and Asset Information Assessment**

Please complete the table below to help us assess your actual income for 2024. Report all income you expect to receive through December 31, 2024, in the appropriate boxes. You must include documentation supporting all income. This documentation could include but is not limited to:

- Most recent pay stubs showing year-to-date earnings from all employers (since January 1, 2024)
- A letter from your employer stating total 2024 projected and or actual earnings
- Unemployment compensation

**Student Income and Asset Information**

Income Resources	ACTUAL 2022 Gross Income	ESTIMATED 2024 Gross Income
Income earned from work		
Income earned from work by spouse of student (if applicable)		
Other taxable income (interest, pensions, unemployment, etc.)		
Other untaxable income (workers compensation, housing allowance, etc.)		
Total:		

Please list your current asset information (if any of the following are applicable):

*\*\*Net Worth means market value of the asset minus the debt on the asset*

- Current amount of cash, savings, and checking: \$ \_\_\_\_\_
- Current net worth of real estate/investments (other than home): \$ \_\_\_\_\_
- Current net worth of farm or business: \$ \_\_\_\_\_

**Parent Income and Asset Information (For Dependent students only)**

Income Resources	ACTUAL 2022 Gross Income	ESTIMATED 2024 Gross Income
Income earned from work for father/stepfather (if dependent)		
Income earned from work for mother/stepmother (if dependent)		
Other taxable income (interest, pensions, unemployment, etc.)		
Other untaxable income (workers compensation, housing allowance, etc.)		
Total:		

Please list your Parent's current asset information (if any of the following are applicable):

*\*\*Net Worth means market value of the asset minus the debt on the asset*

- Current amount of cash, savings, and checking: \$ \_\_\_\_\_
- Current net worth of real estate/investments (other than home): \$ \_\_\_\_\_
- Current net worth of farm or business: \$ \_\_\_\_\_

## Section D – Certification and Signature

My signature on this document confirms my acknowledgement of the following:

- I agree to provide proof of the information if and/or when requested.
- The information submitted for review is true and correct to the best of my knowledge.
- Providing false information may result in reduced eligibility, repayment of aid, or both.
- Underestimating the projected income could result in reduced eligibility, repayment of aid, or both in this year or next.
- I have read each section, provided the required documentation, and realize that more information may be required.
- During peak seasons, processing times may be delayed.
- The signatures provided are true and not typed

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature *(If applicable)* \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature *(If applicable)* \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

\_\_\_\_\_ Student Not Eligible

\_\_\_\_\_ Special Circumstances Adjustment Request Denied

\_\_\_\_\_ Special Circumstances Adjustment Request Approved

Comments \_\_\_\_\_

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FA Administrator \_\_\_\_\_ Date \_\_\_\_\_