



# CHANGE IN CIRCUMSTANCES FORM – INDEPENDENT STUDENT

Student Name \_\_\_\_\_ UIN \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Instructions:** This form should be completed **AFTER** a Free Application for Federal Student Aid (FAFSA) form has been submitted, **AND** there has been a change in your family circumstances which has caused a significant decrease in your 2009 taxable or nontaxable income. **This form must be accompanied by a Federal Verification Worksheet, a SIGNED copy of your 2008 tax return and all 2008 W2 forms.**

**Student:** If you or your spouse have experienced a change in circumstances, you should complete parts I, II, & III of this form and return it with the required documentation to our office.

**PART I: Check the condition below, which applies to you, and provide all requested information, then continue to Part II of this form.**

\_\_\_ **A.** You or your spouse worked full-time in 2008 and has been unemployed during 2009. Indicate whose income was affected: \_\_\_ student or \_\_\_ spouse. Dates of unemployment from \_\_\_/\_\_\_/09 to \_\_\_/\_\_\_/09, and the reason for unemployment. \_\_\_\_\_

**Attach documentation from employer indicating the last day of employment and total earnings for 2009.**

Did you or your spouse file for unemployment benefits?

\_\_\_ **YES: You must attach a statement from the Unemployment Compensation Office showing amount of unemployment benefits received/to be received in 2009.**

\_\_\_ **NO: Explain why not:** \_\_\_\_\_

\_\_\_ **B.** You or your spouse received untaxed income or benefits (i.e., unemployment compensation, social security, AFDC, etc.) in 2008, but has completely lost that income or benefit in 2009. Indicate whether \_\_\_ student, or \_\_\_ spouse, termination date \_\_\_/\_\_\_/09, source of benefit: \_\_\_\_\_, and the reason for the loss of benefit \_\_\_\_\_.

**You must attach a statement from the agency providing the total amount of benefits to be received in 2009.**

\_\_\_ **C.** You or your spouse experienced or will experience a reduction in income of at least **25%** in 2009 which does not meet either of the above conditions. Whose income was reduced? \_\_\_ student, \_\_\_ spouse. **Explain** \_\_\_\_\_

\_\_\_ **D.** You and your spouse separated or divorced after the FAFSA was submitted. Indicate the date of separation or divorce \_\_\_/\_\_\_/09. You must attach the appropriate supporting documentation (i.e. divorce decree, letters from lawyer or minister.)

**Provide the following asset information about yourself:**

	Current Market Value	Amount Owed
Savings	\$ _____	\$ _____
Real estate/investments(excluding home)	\$ _____	\$ _____
Business	\$ _____	\$ _____

\_\_\_ **E.** Your spouse died after the FAFSA was submitted. **You must attach a copy of the appropriate documentation (i.e. death certificate) and provide information regarding your 2009 income.**

**PART II: Projected Student Income**

**A. Student's Household Information**

1. Current marital status  Unmarried (single, divorced, widowed)  Married  Separated
2. State of Legal Residence \_\_\_\_\_
3. Number of family members in 2009-2010. Include yourself, your spouse, any of your children who get more than half of their support from you, and others who now live with you and currently receive and will continue to receive more than half of their support from you. \_\_\_\_\_
4. How many of #3 above will be in college at least half time during 2009-2010 including yourself? \_\_\_\_\_

**B. Actual and estimated 2009 Calendar Year Taxable and Non-Taxable Income and Current Assets**

(If an item does not apply, write in zero.)

Note: If filing this form due to separation, divorce, or death of a parent, include only the income of the parent with whom you are living.

	<i>Actual</i>		<i>Actual</i>		<i>Estimated</i>
	<i>Jan 1 – Today, 2009</i>		<i>Today – Dec 31, 2009</i>		<i>Total</i>
<b>Taxable Income:</b>					
1. Income earned from work-Student	\$ _____	+	\$ _____	=	\$ _____
2. Income earned from work-Spouse	\$ _____	+	\$ _____	=	\$ _____
3. Unemployment Compensation	\$ _____	+	\$ _____	=	\$ _____
4. Other Taxable Income-specify sources	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
<b>Untaxed Income:</b>					
5. Social Security Benefits	\$ _____	+	\$ _____	=	\$ _____
6. Aid to Families with Dependent Children	\$ _____	+	\$ _____	=	\$ _____
7. Child Support Received (12 months)	\$ _____	+	\$ _____	=	\$ _____
8. Tax Deductible Payments to IRA/Keogh	\$ _____	+	\$ _____	=	\$ _____
9. Other Untaxed Income and Benefits	\$ _____	+	\$ _____	=	\$ _____
Specify Sources	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____

**\*INCLUDE:** Welfare benefits, workman's compensation, VA non-educational benefits, housing, food and other living allowances, cash or any money paid on your behalf, payments to tax deferred pension and savings plans, untaxed portions of 401(K) and 403(B) plans. **DO NOT INCLUDE:** AFDC, ADC, rent subsidies for low-income housing or food stamps.

**PART III: Student (and Parent) Certification:**

"All of the information on this form is true to the best of my/our knowledge and I/we have attached the appropriate supporting documentation."

\_\_\_\_\_  
Printed Student Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Spouse Name

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date