

<input type="checkbox"/> Approved _____ <input type="checkbox"/> Denied _____	<i>Authorized Signature/Date</i>
Comments: _____ 	

2016-2017

PETITION FOR DEPENDENT CHANGE OF CIRCUMSTANCES

Name _____ Student I.D. No _____
Last First Middle

Mailing Address _____

Phone (Home)_____ (Work)_____

Please complete this form if you have already applied for financial aid **and** there has been a change in your family circumstances which has caused a significant decrease in your 2016 taxable or non-taxable income. This must be submitted before your financial aid has been finalized. You must meet one of the following conditions:

I. Parent Income Information: *Check one of the following items if your parents' income will be less in 2016 than in 2015.*

- ☐ A. Involuntary loss of employment (attach a copy of proof of unemployment benefits)
Date employment ended _____.
- ☐ B. Change of employment status from full time to part time: My parent(s) worked full time (at least 35 hours per week) for four (4) months or more in 2015 or 2016 but is no longer working full time
- ☐ C. Disability of parent (attach medical documentation as proof)
- ☐ D. Death of student's parent (attach copy of death certificate)
- ☐ E. Divorce/Separation of parents (attach copy of divorce decree or legal proof of separation)
- ☐ F. One-Time Income -- inheritance, moving expense allowance, back year Social Security payments, IRA or pension distribution (attach documentation)
- ☐ G. Other

II. Estimated Parent 2016 Income: *Please complete the following income information for January 1, 2016 through December 31, 2016. If your parents have divorced or separated, give only the information of the custodial parent. If the loss of income was due to the death of a parent, give only the information for the surviving parent.*

<i>Father</i>	<i>Mother</i>	
\$ _____	_____	Income from work (wages, salaries, tips, severance pay, etc.)
_____	_____	Other Taxable Income (unemployment compensation, pension, etc.)
_____	_____	Untaxed Social Security Benefits
_____	_____	ADC/AFDC
_____	_____	Child Support Received
_____	_____	Other Untaxed Income
\$ _____	_____	Total

Documentation MUST Be Attached To Support Income Estimate
(i.e., paycheck stub, benefit statement, etc.)

Student ID: _____

Supporting Documentation MUST Be Attached To Show Estimated Income

III. Student Income Information: Check one of the following items if your income will be less in 2016 than in 2015 for any of the following reasons:

- ☐ A. Loss of employment (attach a copy of proof of unemployment benefits)
 Date employment ended _____
- ☐ B. Change of employment: I worked full time (at least 35 hours per week) for four (4) months or more in 2015 or 2016 but am no longer working full time.
- ☐ C. Disability of student (attach medical documentation as proof).
- ☐ D. One-Time Income -- inheritance, moving expense allowance, back year Social Security payments, IRA or pension distribution (attach documentation)
- ☐ E. Other _____

IV. Estimated Student 2016 Income: Please complete the following income information for January 1, 2016 through December 31, 2016.

\$ _____ Income from work (wages, salaries, tips, severance pay, etc.)
 _____ Other Taxable Income (unemployment compensation, pension, etc.)
 _____ Untaxed Social Security Benefits
 _____ ADC/AFDC
 _____ Child Support Received
 _____ Other Untaxed Income

\$ _____ **Total**

Documentation MUST Be Attached To Support Income Estimate
 (i.e., paycheck stub, benefit statement, etc.)

If this form is filed after January 1, 2017, signed copies of your and your parents 2016 income tax returns must be attached. Appeals for special circumstances may not be reviewed after February 28, 2017.

I declare that the information provided above is true and correct.

Student/Parent Signatures: The student and one of the parents whose information is on the student's Free Application for Federal Student Aid must sign below. Unsigned forms will be returned.

 Student Signature

 Date

 Parent Signature

 Date

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