



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

2016 - 2017
PETITION FOR INDEPENDENT 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 award has been finalized. You must meet one of the following conditions.

I. Student/Spouse Income Information: *Check one of the following items if your/your spouse's income will be less in 2016 than in 2015 for any of the following reasons:*

- 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
 - 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.
 - My spouse 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 student (*attach medical documentation as proof*)
- D. Loss of untaxed income or benefit:
 - I received untaxed income or benefits (i.e. unemployment compensation, Social Security, AFDC, etc.) in 2015 but have completely lost that income or benefit in 2016.
 - My spouse received untaxed income or benefits in 2015 but has completely lost that income or benefit in 2016.
 Date untaxed income or benefit ended: _____
 What income or benefit was lost? _____
 Projected **total** untaxed income or benefit(s) to be received
 by student/spouse for 2016: _____
- E. Separation or Divorce
 - My spouse and I separated or divorced after I applied for financial aid.
 Indicate date: _____
 (*attach a copy of the divorce decree or legal proof of separation*)
- F. Death of Spouse
 - My spouse became deceased after I applied for financial aid.
 (*attach a copy of the death certificate*)

PRFI17

STUDENT ID: _____

G. One-Time Income

I have experienced a reduction in income for 2016 due to income I received only once (i.e., inheritance, moving expense allowance, back year Social Security payments, IRA or pension distribution (*attach documentation for proof*). Please state one-time income

E. Other _____

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

<i>Student</i>	<i>Spouse</i>	
\$ _____	_____	Income from work (wages, salaries, tips, severance pay, etc.)
_____	_____	Other Taxable Income (unemployment comp., 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 spouse's (if married) 2016 income tax return(s) 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/Spouse Signatures: Student and spouse (if married) must sign below. Unsigned forms will be returned.

Student Signature

Date

Spouse Signature

Date

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