2017-2018

Academic Year

## **Petition for Dependent Change of Circumstances**



Student Last Name:	Student First Name:		Student ID:		
			@		
This block for Office of Financial Aid staff use only:					
Verification complete	□ Required Documentation Present	EFC before:	EFC After:		
Approved Denied:		Date:			
	Authorized Signature				
Comments:					

Please complete this form if you have already applied for financial aid and there has been a change in your family's financial circumstances which has caused a significant decrease in your 2016/2017 taxable and/or non-taxable income.

- I. Parent Income Information: check the following condition(s) that apply to your situation if your parent income will be less in 2016/2017 than in 2015:
  - A. Involuntary loss of employment (attach a copy of proof of supporting documentation) Date employment ended:
  - B. 🗖 A reduction of income by 20% or \$10,000, whichever is greater
  - C. Disability of parent (attach supporting medical documentation)
  - D. Death of student's parent(s) (attach copy of death certificate)
  - E. Divorce/Separation of parents (attach copy of divorce decree or proof of separation)
  - F. One-Time Income: inheritance, moving expense allowance, back year Social Security payments, IRA or pension distribution (attach supporting documentation)
  - G. 🖵 Other \_\_\_\_\_

#### II. Parent Personal statement:

Student ID: @\_\_\_\_\_

III. Estimated Parent(s) 2017 Income: Please complete the following income information for January 1, 2017 through December 31, 2017. 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.

Father	Mother	
\$	\$	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, 2016/2017 Tax Return Transcript (as applicable), benefit statement, etc.)

- **IV. Student Income Information:** Check one of the following items if your income will be less in 2016/2017 than in 2015 for any of the following reasons:
  - A. Involuntary loss of employment (attach a copy of proof of supporting documentation) Date employment ended: \_\_\_\_\_
  - B. A reduction of income by 20% or \$10,000, whichever is greater
  - C. Disability of student (attach supporting medical documentation)
  - D. One-Time Income: inheritance, moving expense allowance, back year Social Security payments, IRA or pension distribution (attach supporting documentation)

E. 🖵 Other \_\_\_\_\_

#### **v.** Personal Statement by Student:

\*If more space is needed attach a signed statement

\$

Student ID: @\_\_\_\_\_

VI. Estimated Student 2017 Income: Please complete the following income information for January 1, 2017 through December 31, 2017.

Student Income

- \$ 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, 2016/2017 Tax Return Transcript (as applicable), benefit statement, etc.)

# If this form is filed after January 1, 2018, must attach 2017 income Tax Return Transcript obtained from the IRS at <u>www.IRS.gov</u>.

**Student/Parent Signatures:** The student and one of the parents whose information is on the student's Free Application for Federal Student Aid (FAFSA) must sign below.

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

Student Signature

Parent Signature

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Date

Date