

2017-2018
Academic Year

Petition for Independent 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. Student/Spouse 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 Student/Spouse (attach supporting medical documentation)
 - D. Death of student's spouse (attach copy of death certificate)
 - E. Divorce/Separation (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. Student Personal statement:

*If more space is needed attach a signed statement



Student ID: @ _____

III. Estimated 2017 Income: Please complete the following income information for January 1, 2017 through December 31, 2017. If the loss of income was due to the death of a spouse, give only the information for yourself.

Student	Spouse	
\$ _____	\$ _____	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 www.IRS.gov.

Student/Spouse Signatures: *The student and spouse 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 _____ Date

Spouse Signature _____ Date

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