

**2018-2019**  
Academic Year

# Petition for Dependent Change of Circumstances



<b>Student Last Name:</b> _____	<b>Student First Name:</b> _____	<b>Student ID:</b> _____@_____
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**For Office of Financial Aid Use:**

<input type="checkbox"/> Verification Complete	<input type="checkbox"/> Approved	EFC Before: _____
<input type="checkbox"/> Required Documents Present	<input type="checkbox"/> Denied	EFC After: _____

**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 taxable and/or non-taxable income.

**I. Parent Income Information:** check the following condition(s) that apply to your circumstance:

- Involuntary loss of employment (attach a copy of proof of supporting documentation)  
**Date employment ended:** \_\_\_\_\_
- A reduction of income by 20% or \$10,000, whichever is greater
- Disability of parent (attach supporting medical documentation)
- Death of student's parent(s) (attach copy of death certificate)
- Divorce/Separation of parents (attach copy of divorce decree or proof of separation)
- One-Time Income: inheritance, moving expense allowance, back year Social Security payments, IRA or pension distribution (attach supporting documentation)
- Other \_\_\_\_\_

**II. Personal Statement from Parent**

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\*If more space is needed attach a signed statement

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

**III. Estimated Parent(s) Income:** Please complete the following income information for the last twelve-month period

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, Tax Return Transcript (as applicable), benefit statement, etc.)

**IV. Student Income Information:** check the following condition(s) that apply to your circumstance:

- Involuntary loss of employment (attach a copy of proof of supporting documentation)  
 Date employment ended: \_\_\_\_\_
- A reduction of income by 20% or \$10,000, whichever is greater
- Disability of student (attach supporting medical documentation)
- One-Time Income: inheritance, moving expense allowance, back year Social Security payments, IRA or pension distribution (attach supporting documentation)
- Other \_\_\_\_\_

**V. Personal Statement by Student:**

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\*If more space is needed attach a signed statement

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

**VI. Estimated Student Income:** Please complete the following income information for the last twelve-month period

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, Tax Return Transcript (as applicable), benefit statement, etc.)

***If this form is filed after January 1, 2019, must attach 2018 income Tax Return Transcript obtained from the IRS at [www.IRS.gov](http://www.IRS.gov).***

**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 \_\_\_\_\_ Date

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date

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