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**2018-2019** Academic Year

## **Petition for Independent Change of Circumstances**



\*If more space is needed attach a signed statement

Student Last Name:	Student First Name:	Student ID:
		<u>@</u>
For Office of Financial Aid Use:		
Verification Complete	Approved	EFC Before:
Required Documents Present	Denied	EFC After:
Comments:		
our family's financial circumstances waxable income.	hich has caused a signification: check the following	nancial aid and there has been a change in cant decrease in your taxable and/or non-g condition(s) that apply to your circumstance:
Date employment ended:		oporting documentation)
A reduction of income by 20% or \$10		er
Disability of student/spouse (attach s	upporting medical docu	mentation)
Death of student's spouse (attach co	by of death certificate)	
Divorce/Separation of Spouse (attach	copy of divorce decree	or proof of separation)
pension distribution (attach suppor	· ·	ack year Social Security payments, IRA or
Other		
I. Personal Statement from Studen	t:	

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udent ID: @		
	<b>2018 Income:</b> Please	e complete the following income information for the last twelve-month
period		
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
IRS at <u>www.IR</u> Student/Spous	S.gov. se Signatures: The st	<b>2019, must attach 2018 income Tax Return Transcript obtained from the</b> rudent and one of the parents whose information is on the student's Free (FAFSA) must sign below.
		· · · · · · · · · · · · · · · · · · ·
i declare that t	the information prov	vided above is true and correct.
Student Signature	2	Date
Spouse Signature		Date

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