

2019-2020
Academic Year

Petition for Dependent Change of Circumstances



Student Last Name: _____	Student First Name: _____	Student ID: _____ @ _____
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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.

☐ Have you previously filed a Petition for a Change of Circumstance with the Financial Aid Office?

I. Parent Income Information:

☐ 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) D.

☐ 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. Parent Personal statement:

*IF MORE SPACE IS NEEDED ATTACH SIGNED STATEMENT

III. Estimated Parent(s) 2019 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 one of the following items that apply to your circumstances

- 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

*If more space is needed attach a signed statement

Student ID: @ _____

VI. Estimated Student 2019 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.)

Latest available tax return must be submitted with form.**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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