

**2020-2021**  
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.

Check here if you have previously filed a Petition for a Change of Circumstance with the Financial Aid Office.

**I. Parent Income Information:**

Involuntary loss of employment (attach 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 by Parent:**

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\*IF MORE SPACE IS NEEDED ATTACH SIGNED STATEMENT

**III. Estimated Parent(s) 2020 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
\$ _____	\$ _____	TANF
\$ _____	\$ _____	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 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:**

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\*If more space is needed attach a signed statement



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

**VI. Estimated Student 2020 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
- \$ \_\_\_\_\_ TANF
- \$ \_\_\_\_\_ 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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