

2020-2021
Academic Year

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

*If more space is needed attach a signed statement

Student ID: @ _____

III. Personal Statement from Spouse (if applicable)

*If more space is needed attach a signed statement

IV. Estimated 2020 Income: Please 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
\$ _____	\$ _____	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/Spouse Signatures: *The student and spouse (if applicable) 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
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Spouse Signature	Date
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