

A: Please indicate the reason(s) for your change in income. Place a check mark in the box(es) that apply to your situation and attach the required documentation.

Whose income has changed? (check all that apply)

Student's

Spouse's

Parent's

Loss of income from work. Complete sections B and C on page 3.

Period of unemployment (mm/dd/yyyy) to

Layoff. Provide a letter from employer stating effective date and anticipated return.

Plant Closing. Provide a letter from employer stating effective date.

Termination. Provide a letter from employer stating effective date. If this is not available, provide documentation from the local unemployment office.

Disability. Date of disability (mm/dd/yyyy) . Attach supporting documentation.

Quit or reduced employment to attend school. Provide a letter from employer stating effective date.

Loss of taxable income. Complete sections B and C on page 3.

Alimony. Provide court document(s) stating termination date of benefits.

Unemployment. Provide a letter from the unemployment office stating termination date of benefits.

Loss of untaxed income. Complete sections B and C on page 3.

Social Security. Provide Social Security Administration notification of termination stating the date of benefits.

Child Support. Provide a letter or court documentation stating termination date of benefits.

Worker's Compensation. Provide a letter from the Bureau of Worker's Compensation stating termination and date of benefits.

Divorce. Since applying for financial aid, you or your parents have become divorced. Date of divorce (mm/dd/yyyy) . Provide only your information when completing sections B and C on page 3. **Attach a copy of the divorce decree.**

Separation. Since applying for financial aid, you/parents have become separated. Date of separation (mm/dd/yyyy) . Current address of spouse:

Attach a letter of separation from an attorney. Provide only your information when completing sections B and C on page 3.

Death of Spouse. Since applying for financial aid, your spouse/parent(s) have died. Date (mm/dd/yyyy) Provide documentation. Give only your informatoin when completing sections B and C on page 3. **Attach a copy of the death certificate, newspaper obituary, or memorial service program.**

One-time income. (ie Inheritance, moving expense allowance, back year Social Security payments, or lump sum retirement or IRA distribution). You must attach a separate sheet that identifies source of income and how funds were spent or invested. Complete sections B and C on page 3.

Parent in College. Parent is enrolled at least half-time in a valid degree program for the 2024-2025 academic year. Must complete the 2024-2025 Proof of Parental Enrollment Form.

Other unusual expenses paid.

Medical or dental expenses. You have paid medical or dental expenses for the 2024 calendar year that are not covered by insurance; these expenses exceed 20% of your total income. Provide a copy of Schedule A of 2024 Federal Tax Return or copies of cancelled checks for 2024 and confirmation of total amount paid by insurance in 2024.

Other. Please specify and provide appropriate documentation.

B: Report all income you received from January 1, 2024 through December 31, 2024.

Income for January 1, 2024 to December 31, 2024	Mother (if applicable)	Father (if applicable)	Student (if applicable)	Spouse (if applicable for Independent Student)
2024 Income earned from work (wages, tips, net business / farm income)	\$	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment, compensation, capital gains, etc.) INCLUDE SOURCE OF TAXABLE INCOME	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Aid to Families with Dependent Children or ADC	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Other untaxed income (earned income credit, welfare benefits, workers comp, Payments to IRA / Keog, etc)	\$	\$	\$	\$
TOTAL INCOME FOR 2024	\$	\$	\$	\$

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS, AS ARE APPLICABLE TO UPDATE YOUR STUDENT AND PARENT INFORMATION ON YOUR 2024-2025 FAFSA:

VERIFICATION DOCUMENTS

SPECIAL CIRCUMSTANCES DOCUMENTS

Mother's/Step-Mother's 2022 W-2

Mother's/Step-Mother's most recent pay stub

Father's/Step-Father's 2022 W-2

Father's/Step-Father's most recent pay stub

Student's 2022 W-2

Student's most recent pay stub

Parent's 2022 IRS Tax Form 1099

Brief Description of your reason(s) for requesting Special Circumstances

Student's 2022 IRS Tax Form 1099

Parent's 2022 IRS Tax Return Transcript

Student's 2022 IRS Tax Return Transcript

C: Certification: I hereby certify that the information provided above is true and correct to the best of my knowledge. I agree to provide proof of the information that I have been provided if requested to do so by the Office of Financial Aid. I understand that the penalty for providing false or misleading information is a \$10,000 fine, a prison sentence, or both.

Note: A Parent's Signature is required for dependent students only. A Spouse's signature is required for married students.

Parent's Signature:

Date:

Student's Signature:

Date:

Spouse's Signature:

Date: