UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid
1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385

2017-2018 Change of Financial Situation – Medical/Rollover

Section A – Student Information (Please Print Clearly)

Last Name	First Name	M.I.	Email

Street Address	City	State	Zip Code

In addition to the required documents listed on this form, you must submit a 2017-2018 Dependent or Independent Verification Worksheet. This form is meant to be a one-time form, not one that is completed every year, except in special circumstances. <u>This form should only be completed by undergraduate students.</u>

Section B – Indicate Reason(s) for Change of Financial Situation

____ A. Recurring medical or dental expenses paid not covered by insurance and not claimed as a deduction on your Federal income tax return during 2015 (January 1, 2015 - December 31, 2015). As a general rule, these expenses should be at least 20% of your Adjusted Gross Income before submitting documentation.
Documentation Required: *1. Proof of payment such as canceled checks or receipts (please total amounts), 2. Copies of all 2015 W-2 forms/benefit statements for you and your parent(s) or you and your spouse (if married), and 3. A 2015 IRS Tax Return Transcript or a signed 2015 Federal Tax Return submitted to the IRS for you and your parent(s) or you and your spouse (if married).*

____ B. If dependent, you or your parent(s) or if independent, you or your spouse had an IRA or pension in 2015 that was a rollover and the amount has been incorrectly listed on the 2017-2018 FAFSA as untaxed income.
Documentation Required: *1. A 1099-R Form or supporting documentation from the bank, brokerage firm, etc. detailing the funds were a rollover, 2. Copies of all 2015 W-2 forms/benefit statements for you and your parent(s) or you and your spouse (if married), and 3. A 2015 IRS Tax Return Transcript or a signed 2015 Federal Tax Return submitted to the IRS for you and your parent(s) or you and your spouse (if married).*

Section C – Statement of Certification

I/we certify that the information provided on this form and any attachments are true and correct. Additionally, it is understood that I/we must notify the Office of Student Financial Aid if the situation outlined in this request changes.

Student Signature	**Date**	**Parent's Signature (if dependent)**	**Date**

ENTER YOUR 9-DIGIT **UIN** →

1718	**CFS-E**	**B**