

2016-2017 Change of Financial Situation

- ___ E. If dependent, your parent(s) or if independent, you or your spouse received untaxed income in 2015 and had a complete loss of one of the benefits for at least 10 weeks in 2016. This would include Child Support, Disability Benefits, Veterans Benefits, etc. **Documentation required:** *A written statement from the appropriate agency showing the date the benefit was lost.*
- ___ F. If dependent, your parent(s) or if independent, you or your spouse have become separated or divorced after submission of your original FAFSA. Please list the date of separation or divorce: ____/____/____. **Documentation required:** *Copy of the temporary separation order or divorce decree from the court and documentation such as lease, mortgage, etc. which shows two separate households.*
- ___ G. If dependent, your parent(s) or if independent, your spouse whose 2015 income was reported on the FAFSA has died after submission of the FAFSA application. **Documentation required:** *Death certificate.*

Section C – Anticipated Income for 2016 (Complete only if you checked C, D, E, F or G above)

Anticipated Income for the 2016 calendar year (January 1, 2016 – December 31, 2016)				
Instructions: Answer EACH line with an amount or “zero” if it does not apply. If you checked the letter F, please give only the information of the custodial parent if Dependent, or if Independent, yourself. If you checked letter G, please give only the information of the surviving parent if Dependent, or Independent, yourself. If Independent, and married, please include your and your spouse’s anticipated income. You will need to do this for each person whose financial data is included on the FAFSA, except as noted per the instructions above regarding if you checked letter F or G.				
Taxable Income From Wages	Father	Mother	Student	Student’s spouse
Document gross wages earned through today’s date _____ <i>Provide copy of most recent pay statement</i>				
Estimate anticipated wages from today’s date through Dec. 31, 2016 <i>Please document how calculated</i>				
Other Taxable Income	Father	Mother	Student	Student’s spouse
Unemployment income to date and anticipated in 2016 <i>Provide copy of monthly statement</i>				
Severance, paid time off or vacation pay out (if not included in gross wages)				
Taxable pension <i>Provide copy of monthly statement</i>				
Taxable income from 401K disbursements or other existing assets <i>Include year to date disbursements and anticipated disbursements</i>				
Other taxable income <i>(List the source)</i> _____				
Types of Untaxed Income	Father	Mother	Student	Student’s spouse
Housing allowance for military or clergy				
Workers compensation <i>Provide copy of monthly statement</i>				
Untaxed disability income <i>Provide copy of monthly statement</i>				
Child support received for all members of your household				
Untaxed pension <i>Provide copy of monthly statement</i>				
Other untaxed income <i>(List the source)</i> _____				

Section D – 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
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ENTER YOUR UIN →

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