2018-2019 Change in Circumstance Request

Student Name: _________________________________  PSU ID#: __________________________________________

Student Phone: _________________________________ Student E-mail: ________________________________

PLEASE READ BELOW BEFORE SUBMITTING THIS FORM

According to federal laws and regulations, a family’s 2016 income must be used to determine financial need for the 2018-2019 school year. If a family’s estimated 2018 income is significantly lower due to a change in circumstances, a financial aid administrator may use estimated 2018 income to assess financial need. In order to better assess the family’s financial situation all sections of this worksheet must be completed and returned with ALL REQUIRED DOCUMENTATION.

SECTION 1

► All three steps must be complete before your change in circumstance request will be considered ◄

□ Complete all required sections of this form in their entirety and submit with ALL REQUIRED DOCUMENTATION.

□ Complete the Dependent or Independent 2018-19 Verification Worksheet and submit with this form.

□ Attach copies of both the parent and student 2016 IRS Tax Return Transcript(s) and 2016 W-2s.

SECTION 2

Please check which circumstance(s) apply to you. Any documentation listed as required but not submitted will cause a delay in reviewing your request. The PSU Financial Aid Team reserves the right to request additional documentation not listed on this form. If you cannot check one of the boxes below please contact the PSU Financial Aid Team for further assistance. Please note that revisions to the information on the FAFSA may not result in changes to your financial aid award. Also, we will be required to review any, and all, documentation provided to our office, even if you choose at some point to withdraw your request.

<table>
<thead>
<tr>
<th>SPECIFIC CIRCUMSTANCE</th>
<th>CIRCUMSTANCE DESCRIPTION</th>
<th>REQUIRED DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Loss of Employment – loss must be incurred for 10 weeks or more (still not employed) prior to reviewing your request</td>
<td>Your parent’s estimated 2018 income will be less than their earned 2016 income.</td>
<td>1. 2018 most recent parent and student paystub showing year-to-date earnings (if income earned to date in 2018) 2. Documentation of severance package (if received) 3. Statement of unemployment benefits 4. Documentation confirming separation of service (if received) 5. Complete SECTION 3 on page 3.</td>
</tr>
<tr>
<td>Date of loss: _____________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Income change due to:

□ Change of employment resulting in a reduction in income

□ Temporary loss of income due to illness/accident

□ Significant reduction in overtime

□ Other (explain in comment section)

Your parent’s estimated 2018 income will be less than their earned 2016 income.

1. 2018 most recent parent and student paystub showing year-to-date earnings (if income earned to date in 2018)
2. Letter from employer documenting change (if applicable)
3. Complete SECTION 3 on page 3.
<table>
<thead>
<tr>
<th>SPECIFIC CIRCUMSTANCE</th>
<th>CIRCUMSTANCE DESCRIPTION</th>
<th>REQUIRED DOCUMENTATION</th>
</tr>
</thead>
</table>
| □ Loss of taxable/untaxed Income | Your parent(s) received benefits in 2016 which ceased, or will be reduced, in 2018. | 1. 2018 most recent parent and student paystub showing year-to-date earnings (if income earned to date in 2018)  
2. Documentation verifying effective date of loss or reduction  
3. Documentation of reduced amount being received  
4. **Complete SECTION 3 on page 3.** |
| □ Child Support | □ Alimony | □ Worker’s Compensation | □ Other:____________ |
| □ Date of Loss: ______________ | | |
| □ Death of a Parent/Spouse | A parent or spouse has died after the completion of the FAFSA. | 1. Copy of Death Certificate  
2. Statement of Survivor Benefits  
3. **DO NOT complete SECTION 3 below as adjustments will be made to your 2016 income data provided on the FAFSA.** |
| □ Date of Death: | | |
| □ One-Time Income | Your parent(s) received a one-time income in 2016. Examples include a pension or IRA distribution, inheritance or bonus, a retirement rollover that appears on the FAFSA via IRS Data Retrieval or a one-time withdrawal from a 401k account. | 1. Documentation supporting one-time income  
2. For IRA rollovers provide a copy of Page 1 of the 2016 Federal Income tax return and a copy of the 1099R or FM5498  
3. **DO NOT complete SECTION 3 below as adjustments will be made to your 2016 income data provided on the FAFSA.** |
| □ Medical/Dental Expenses | Your parent(s) experienced high out-of-pocket medical/dental expenses in 2016 as documented on their 2016 Federal Tax Return, Schedule A. | **DO NOT complete SECTION 3 below as any possible adjustment to your FAFSA data will be calculated by the PSU Financial Aid Team.** |
| □ Recent Divorce/Separation | Your parents are now formally separated/divorced OR are now informally separated. | 1. Provide us with one of the following:  
   a. Copy of divorce decree; OR  
   b. Copy of legal separation documents; OR  
   c. A signed statement from the custodial parent stating that your parents live in separate households; AND supporting documentation that may include:  
      1) Copies of property deeds, leases, or rent checks for the non-custodial parent indicating a different address OR  
      2) Utility bills (not cell phone) indicating different addresses for non-custodial parent.  
2. **DO NOT complete SECTION 3 below as adjustments will be made to your 2016 income data provided on the FAFSA.** |
| □ Date of Status Change: | | |
| □ Other Reason | Please provide a detailed description of your request | Provide us with third party documentation supporting your request for reconsideration. |
**SECTION 3**

Please complete the table below. Report all income actually received from January 1, 2018 through today in the ACTUAL column and an estimate of income you expect to receive from tomorrow through December 31, 2018 in the ESTIMATED column.

**2018 Estimated Income Table (if not applicable, please enter 0)**

**All fields must be completed.**

<table>
<thead>
<tr>
<th>EXPECTED INCOME FOR JANUARY 1 THROUGH DECEMBER 31</th>
<th>ACTUAL 1/1/18 to Today</th>
<th>ESTIMATED Today to 12/31/18</th>
<th>TOTAL ACTUAL + ESTIMATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected 2018 income earned from work by Parent 1 (wages, salaries, tips, net rental/business/farm income)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2018 income earned from work by Parent 2 (wages, salaries, tips, net rental/business/farm income)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2018 income earned from work by student (wages, salaries, tips, net rental/business/farm income)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Severance Package (Attach Documentation)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.) Source: __________________________</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>If this request is due to a death of a family member, will family receive life insurance or other resources? Yes_______ No_______</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support received</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Untaxed Income (pre-tax pension contributions, tax-exempt interest/dividends, worker’s compensation, payments to IRA/Keogh, money received or paid on your behalf (i.e. bill/rent/mortgage) etc.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL EXPECTED INCOME FOR 2018</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Paid</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
SECTION 4

Please summarize your change in circumstances below (attach additional sheets if necessary).

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

CAUTION: Previously awarded aid may be lost if inaccurate information was reported on the original FAFSA. This may occur when families have reported “estimated” income which would have been used to identify eligibility for aid and, subsequently, actual income (as reported to the IRS) changes eligibility and/or when families fail to report untaxed income (i.e. retirement funds not taxed for a current year).

CERTIFICATION: I certify that the information provided on this form is true and complete to the best of my/our knowledge. It is understood that I/we are obligated to UPDATE any changes to the adjustments made in income, which, in turn, may modify the financial aid awarded. I understand that if I do not provide ALL the required documentation and proof of the information on this form to the PSU Financial Aid Team the student WILL NOT be reviewed.

WARNING: If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

Parent’s Signature ______________________________________  ________________________ Date _________________________

Student’s Signature __________________________________________  ________________________ Date _________________________

Financial Aid Team, 17 High Street, MSC #18, Plymouth, NH 03264 - Fax 603-535-2627 - Phone 877-846-5755 -

go.plymouth.edu/aid - finaid@plymouth.edu