



2020-2021 Change in Circumstances Request

Student Name: _____ PSU ID#: _____

Student Phone: _____ Student E-mail: _____

According to federal laws and regulations, a family’s 2018 income must be used on the 2020-2021 FAFSA to determine financial need for the school year. If the income on the FAFSA is not a true representation of your current situation or you have other family circumstances not reflected by your 2020-2021 FAFSA, a financial aid administrator may use your family’s estimated 2020 income to assess financial need.

PLEASE NOTE:

- All Sections of this worksheet must be completed and returned with ALL REQUIRED DOCUMENTATION before your change in circumstance request will be considered.
- A review of financial circumstances does not guarantee additional aid. Families should plan to cover bills based on the student’s original award.
- 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.
- Previously awarded aid may be lost if inaccurate information was reported on the original FAFSA.

SECTION 1: Please summarize your change in circumstances below (attach additional sheets if necessary).

SECTION 2: Please select which circumstance(s) apply to you. *Any documentation listed as required but not submitted will cause a delay in reviewing your request.* PSU reserves the right to request additional documentation not listed on this form. If you cannot check one of the boxes below please contact Student Financial Services for further assistance.

SELECT SPECIFIC CIRCUMSTANCE	REQUIRED DOCUMENTATION
<input type="checkbox"/> Change in or Loss of Employment for Student/Spouse . Loss must be incurred at least 10 weeks prior to requesting a review Date of loss: _____	<ul style="list-style-type: none"> • Dependent or Independent Verification Worksheet and student/spouse 2018 signed Tax Return(s) OR official IRS Tax Return Transcript(s) • Most recent student/spouse paystub showing year-to-date earnings (if income earned to date in 2020) • Documentation of severance package (if received) • Statement of unemployment benefits (if received) • Documentation confirming separation of service (if received) • Complete SECTION 3 on page 3.

SELECT SPECIFIC CIRCUMSTANCES	REQUIRED DOCUMENTATION
<input type="checkbox"/> Change in or Loss of Employment for Parent(s) . Loss must be incurred at least 10 weeks prior to requesting a review Date of loss: _____	<ul style="list-style-type: none"> • Dependent Verification Worksheet and parent/student 2018 signed Tax Return(s) OR official IRS Tax Return Transcript(s) • Most recent parent/spouse paystub showing year-to-date earnings (if income earned to date in 2020) • Documentation of severance package (if received) • Statement of unemployment benefits (if received) • Documentation confirming separation of service (if received) • Complete SECTION 3 on page 3.
<input type="checkbox"/> Divorce/Separation since filing of the 2020-2021 FAFSA Date of Status Change: _____	<ul style="list-style-type: none"> • Copy of divorce decree OR copy of legal separation documents • If no official documentation is available, a signed statement regarding separation and supporting documentation <i>from each spouse</i> of separate household such as copies of mortgage statements, leases, or utility bills (not cell phone) indicating different addresses. • Dependent or Independent Verification Worksheet • Parent 2018 signed Tax Return OR official IRS Tax Transcript • Parent 2018 W2(s) for <i>each spouse</i> • DO NOT complete SECTION 3
<input type="checkbox"/> Death of a Parent/Spouse since filing of the 2020-2021 FAFSA Date of Death: _____	<ul style="list-style-type: none"> • Dependent or Independent Verification Worksheet • Parent 2018 signed Tax Return OR official IRS Tax Transcript • Parent 2018 W2(s) for <i>each spouse</i> • Copy of Death Certificate • Statement of Survivor Benefits (if received) • DO NOT complete SECTION 3
<input type="checkbox"/> Loss or Reduction of Taxable/Untaxed Income <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other: _____	<ul style="list-style-type: none"> • Dependent or Independent Verification Worksheet and parent/student 2018 signed Tax Return(s) OR official IRS Tax Return Transcript(s) • 2020 most recent parent/student paystub showing year-to-date earnings (if income earned to date in 2020) • Documentation verifying effective date of loss or reduction • Documentation of reduced amount being received • Complete SECTION 3 on page 3.
<input type="checkbox"/> One-Time Income that will not be repeated: <input type="checkbox"/> Pension <input type="checkbox"/> IRA Distribution <input type="checkbox"/> 401K Withdrawal <input type="checkbox"/> Inheritance or Bonus	<ul style="list-style-type: none"> • Dependent or Independent Verification Worksheet and parent/student 2018 signed Tax Return(s) OR official IRS Tax Return Transcript(s) • Documentation supporting one-time income (1099M, 1099R, etc) • DO NOT complete SECTION 3
<input type="checkbox"/> Unreimbursed, Out-of-Pocket Medical/Dental Expenses Incurred by Family	<ul style="list-style-type: none"> • Dependent or Independent Verification Worksheet and parent/student 2018 signed Tax Return(s) OR official IRS Tax Return Transcript(s) • Provide a copy of Schedule A from the 2018 IRS Federal Tax Return showing documentation of out-of-pocket expenses. • DO NOT complete SECTION 3

SECTION 3: Complete the following 2020 Estimated Income Table.

If any section is NOT applicable, enter \$0 or NA. Do not leave any space blank.

EXPECTED 2020 INCOME	Student	Spouse	Parent 1	Parent 2
Gross 2020 income earned from work (wages, salaries, tips, net rental/business/farm income) 1/1/2020 through TODAY	\$	\$	\$	\$
Expected 2020 income earned from work (wages, salaries, tips, net rental/business/farm income) TODAY through 12/31/2020	\$	\$	\$	\$
Severance Pay - Attach Documentation	\$	\$	\$	\$
Unemployment Benefits - Attach Documentation	\$	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.) Attach Documentation	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Life insurance or Death Benefits Received	\$	\$	\$	\$
Child Support received	\$	\$	\$	\$
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.)	\$	\$	\$	\$
TOTAL EXPECTED 2020 INCOME	\$	\$	\$	\$

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 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 choose not to submit all documentation requested or fail to submit all documentation, a Change in Circumstances review will not be completed. However, I also understand PSU will be required to review any and all documentation previously provided to Student Financial Services and it may affect my aid.

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

Parent Signature *(Electronic signatures will not be accepted)* _____ Date: _____

Student Signature *(Electronic signatures will not be accepted)* _____ Date: _____

Student Financial Services, 17 High Street, MSC #19, Plymouth, NH 03264

Phone (603) 535-2338; Toll Free (877) 846-5755; Fax (603) 535-2627; psu-sfs@plymouth.edu; go.plymouth.edu/aid