

2017-2018 Change in Family Circumstances Form

Student's Name: _____ School ID: _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS FORM:

- 1) A copy of your and your parents' (or your and your spouse's if independent) 2015 Federal Tax Return Transcript (obtain at www.irs.gov) and W-2 Forms.
- 2) 2017-2018 V1 Verification Worksheet completed and signed. The form is available at www.usciences.edu or in the Financial Aid Office: Griffith Hall Room-100.
- 3) A copy of your and your parents' (or your and your spouse's) 2016 Federal Tax Return and W-2 Forms.

DO NOT complete this form if you have voluntarily left your place of employment, have had a loss or reduction of uncontrollable overtime, or were unemployed during the year but are currently working.

Circle the letter below that best represents your change in circumstance, and complete all questions.

A) Unemployed

Name of unemployed person: _____
 Date of unemployment: _____
 Date unemployment benefits began: _____
 Is the person receiving severance pay? Yes _____ NO _____
 If yes, enter gross weekly amount: \$ _____
 Gross lump sum payment received: \$ _____
 Date severance pay began: _____
 Date severance pay will terminate: _____

Additional documents you MUST provide to our office:

- 1) Letter of termination.
- 2) Copy of last paystub in 2017 and/or 2016 demonstrating year to date income.
- 3) Unemployment benefits determination letter that shows weekly benefit amount or denial of unemployment benefits with explanation.

B) Divorced/Separated

The applicant or the parents have divorced or separated since filing the FAFSA.

Date of divorce or separation: _____
 Monthly amount of child support: \$ _____
 Monthly amount of alimony: \$ _____
 Date payments began or will begin: _____

Additional documents that you MUST provide to our office:

If Divorced: Divorce Decree
If Separated: Proof of separate residences (recent utility bill, driver's license, etc.).

C) Deceased parent or spouse

Name of deceased: _____
 Date of death: _____
 Date social security began or will begin: _____
 Amount of social security benefits: \$ _____

Additional documents you MUST provide our office:

- 1) Copy of death certificate.
- 2) Proof of monthly amount of family's social security benefits.

D) Disabled (Parent or Spouse)

Name of disabled person: _____
 Date of disability: _____
 Weekly amount of disability: \$ _____
 Date payments began or will begin: _____
 Date you will return to work, if applicable: _____
 Is the disability permanent? Yes _____ No _____
 If yes, monthly amount of your family's social security benefits: \$ _____
 Date benefits began or will begin: _____

Additional documents you MUST provide to our office:

- 1) Copy of last pay stub showing year to date income for 2017.
- 2) Proof of weekly/monthly amount of disability, worker's compensation or social security payments.

E) Loss of Untaxed Income or Unemployment Benefits

The applicant, the applicant's spouse, or parent received untaxed income or unemployment in 2015 or 2016 but lost this income in 2017.

Name of person who lost benefits: _____
 Type of benefits lost (check all that applies):
 Child support _____
 Social Security Benefits _____
 Unemployment Benefits _____
 Effective date of termination: _____
 Reason benefits were terminated: _____
 Total amount to be received in 2017: \$ _____

Additional documents you MUST provide our office:

- 1) Proof of loss of these benefits.



Please use the additional lines for further information or comments:

Certification and Authorization

I (we) declare that the information reported on this form is true, accurate and complete. I (we) authorize University of the Sciences Financial Aid Office to release the information reported on this form to any agencies designated as authorized recipients on the Free Application for Federal Student Aid (FAFSA) for the purpose of calculation of eligibility for federal financial aid. I (we) agree to provide, if requested, any other official documentation necessary to verify information reported. I (we) understand that incomplete or missing documents or forms may result in a delay of processing.

Student's signature

Date

Student's spouse's signature

Date

Parent 1's signature

Date

Parent 2's signature

Date

Student's phone number: _____

Student's email address: _____

Parent's phone number: _____

Parent's email address: _____

Please return this form and all supporting documents to:

Financial Aid Office
University of the Sciences
600 South 43rd Street
Philadelphia, PA 19104

Fax: 215-596-8554

finaid@uscience.edu