



# 2018-2019 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) 2016 Federal Tax Return Transcript (obtain at [www.irs.gov](http://www.irs.gov)) and W-2 Forms.
- 2) 2018-2019 V1 Verification Worksheet completed and signed. The form is available at [www.usciences.edu](http://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) signed 2017 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 2018 and/or 2017 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 2018.
- 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 2016 or 2017 but lost this income in 2018.

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 2018: \$ \_\_\_\_\_

#### Additional documents you MUST provide our office:

- 1) Proof of loss of these benefits.



