



Change of Financial Circumstance Form

2024-2025 ACADEMIC YEAR

STUDENT'S NAME: _____ CWID: _____

PHONE NUMBER: _____

Your 2024-2025 financial aid is based on **2022** income reported on the Free Application for Federal Student Aid (FAFSA). If your circumstances have significantly changed since filing the FAFSA, you may complete this form to request a reevaluation of eligibility. All requests must be accompanied by appropriate documentation.

If selected, all verification requirements must be completed prior to review of this form. "Financial Aid Requirements" are listed on my.marist.edu under the Student Financial Services tab.

****Please submit signed copies of the most recent federal income tax return with all required schedules and W-2 statements in addition to the documentation requested below****

Please Check	Change in Circumstance	Required Documentation
<input type="checkbox"/>	<p>Significant loss of income due to termination, disability or company closing*</p> <p><i>*Requests due to unemployment may be considered at 12 weeks after the date of termination.</i></p>	<ul style="list-style-type: none"> • <i>Projected Income Statement (Page 3)</i> • Letter of termination/severance or separation agreement • Copy of last/ most recent pay stub for both parents in household • Unemployment compensation letter (if applicable) • Copy of disability benefit (if applicable) • Signed copy of the most recent federal income tax return with all required schedules and W-2 statements
<input type="checkbox"/>	Divorce or Separation	<ul style="list-style-type: none"> • Divorce decree or separation agreement • Signed copy of the most recent federal tax return • W-2 statements for each parent
<input type="checkbox"/>	Death of a Parent or Spouse whose information is reported on the FAFSA	<ul style="list-style-type: none"> • Death certificate • Signed copy of the most recent federal tax return • W-2 statements for each parent
<input type="checkbox"/>	One-time/Non-Recurring Income	<ul style="list-style-type: none"> • Clarification (e.g, IRA distribution, sale of property, inheritance, Form 1099) • Explanation of how income was used
<input type="checkbox"/>	Medical Expenses	<ul style="list-style-type: none"> • Documentation of unreimbursed medical bills (<i>Must exceed 10% of the federal Adjusted Gross Income</i>) • Schedule A from most recent federal tax return (if medical expenses were itemized)
<input type="checkbox"/>	Other	<ul style="list-style-type: none"> • Detailed explanation and supporting documentation

Change of Financial Circumstance Form

It is our policy **not to consider** the following circumstances:

- Tuition paid for elementary/secondary private school
- Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage or school loan payments, car payments, legal expenses, home repair expenses, unless incurred because of a natural disaster, or other miscellaneous consumer item expenses)
- One-time increase in income related to work/performance bonuses, lottery or gambling winnings
- Reductions in overtime pay (this will be reflected on the following year's aid application)

ADDITIONAL INFORMATION

Please expand upon your family's financial circumstances. Attach a separate page if more space is required.

STUDENT AND PARENT CERTIFICATION

All information on this form and supporting documentation is true and complete to the best of my knowledge. I understand that submission of this information does not guarantee an adjustment to the student's financial aid.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please email form to: studentfinancialservices@marist.edu OR **fax to:** (845) 575-3099

Marist University • Office of Student Financial Services • 3399 North Road • Poughkeepsie, NY 12601

COMPLETE THIS PAGE FOR LOSS OF EMPLOYMENT ONLY

STUDENT’S NAME: _____ CWID: _____

Your **2024-2025** financial aid is based on **2022** income reported on the financial aid application. If your parents experienced a reduction to income or loss of employment, limiting their ability to contribute towards your educational expenses, you may request a review of your circumstances.

Name of person experiencing a loss/change of income, and relationship to the student: _____

When did this change take place? _____ *Start date for 12-month period below*
 Date expected to return to work, if applicable _____

Was a severance package received? Yes No
 If yes, please attach a copy of the severance agreement.

Is unemployment compensation received? Yes No
 If yes, please attach documentation.

Please report all anticipated income for the 12-month period beginning with the date of unemployment listed above:

SOURCE OF INCOME	12-Month Amount
Child support received for all children	\$
Social Security benefits	\$
Workers’ compensation	\$
Disability income/insurance payout	\$
Other income (please specify):	\$
Other income (please specify):	\$

STUDENT AND PARENT CERTIFICATION

I/We certify the information listed above is a complete and accurate breakdown of all expected income, taxed and untaxed, for the 12-month period following the loss of employment.

Student’s Signature: _____ Date _____

Parent’s Signature: _____ Date _____

Please email form to: studentfinancialservices@marist.edu **OR fax to:** (845) 575-3099

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