

*Change of Financial Circumstance Form*

2020-2021 ACADEMIC YEAR

STUDENT'S NAME: \_\_\_\_\_ CWID: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Your 2020-2021 financial aid is based on **2018** 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 2018 and 2019 (if available) federal income tax returns with all required schedules and W-2 statements in addition to the documentation requested below.**

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

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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](mailto:studentfinancialservices@marist.edu) OR **fax to:** (845) 575-3099

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

**COMPLETE THIS PAGE FOR LOSS OF EMPLOYMENT ONLY**

STUDENT'S NAME: \_\_\_\_\_ CWID: \_\_\_\_\_

Your **2020-2021** financial aid is based on **2018** 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:**

UNTAXED INCOME	12-Month Amount
Child support received for all children	\$
Social Security benefits	\$
Workers' compensation	\$
Disability income/insurance payout	\$
Veterans non-education benefits	\$
Support from friends/relatives	\$
Other untaxed income sources (please specify):	\$
TAXABLE INCOME	12-Month Amount
Other taxable income (please specify):	\$
Other taxable 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 \_\_\_\_\_

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