2019-2020 Change in Circumstance Request

Student Name: _________________________________  PSU ID#:__________________________

Student Phone: ____________________________  Student E-mail: __________________________

According to federal laws and regulations, a family’s 2017 income must be used to determine financial need for the 2019-2020 school year. If a family’s estimated 2019 income is significantly lower due to a change in circumstances, a financial aid administrator may use estimated 2019 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.

SECTION 1

Complete verification of information originally submitted on FAFSA by submitting the following:

<table>
<thead>
<tr>
<th>DEPENDENT STUDENTS</th>
<th>INDEPENDENT STUDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Copy of Parent(s) 2017 IRS Tax Return Transcript</td>
<td>□ Copy of Student’s 2017 IRS Tax Return Transcript</td>
</tr>
<tr>
<td>□ Copy of Parent(s) 2017 W2(s)</td>
<td>□ Copy of Student’s 2017 W2(s)</td>
</tr>
<tr>
<td>□ Copy of Student’s 2017 IRS Tax Return Transcript (if applicable)</td>
<td>□ Copy of Spouse’s 2017 IRS Tax Return Transcript (if applicable)</td>
</tr>
<tr>
<td>□ Copy of Student’s 2017 W2(s) (if applicable)</td>
<td>□ Copy of Spouse’s 2017 W2(s) (if applicable)</td>
</tr>
</tbody>
</table>

SECTION 2

Please check 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. Please note that revisions to the information on the FAFSA may not result in changes to your financial aid award.

<table>
<thead>
<tr>
<th>SPECIFIC CIRCUMSTANCE</th>
<th>CIRCUMSTANCE DESCRIPTION</th>
<th>REQUIRED DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Loss of Employment – loss must be incurred for 10 weeks or more (still not employed) prior to reviewing your request</td>
<td>You/Your parent’s estimated 2019 income will be less than their earned 2017 income.</td>
<td>1. 2019 most recent parent and student paystub showing year-to-date earnings (if income earned to date in 2019) 2. Documentation of severance package (if received) 3. Statement of unemployment benefits 4. Documentation confirming separation of service (if received) 5. Complete SECTION 3 on page 3.</td>
</tr>
<tr>
<td>SPECIFIC CIRCUMSTANCE</td>
<td>CIRCUMSTANCE DESCRIPTION</td>
<td>REQUIRED DOCUMENTATION</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| Income change due to: | You/Your parents’ estimated 2019 income will be less than their earned 2017 income. | 1. Provide us with one of the following:  
   a. Copy of divorce decree; OR  
   b. Copy of legal separation documents; OR  
   c. A signed statement from the custodial parent stating that your parents live in separate households; AND supporting documentation that may include:  
      1) Copies of property deeds, leases, or rent checks for the non-custodial parent indicating a different address OR  
      2) Utility bills (not cell phone) indicating different addresses for non-custodial parent.  
2. DO NOT complete SECTION 3 |
| Change of employment | □ Change of employment resulting in a reduction in income  
| □ Temporary loss of income due to illness/accident  
| □ Significant reduction in overtime  
| □ Other (explain in Section 4) | 1. 2019 most recent parent and student paystub showing year-to-date earnings (if income earned to date in 2019)  
2. Letter from employer documenting change (if applicable)  
3. Complete SECTION 3 on page 3. |
| Recent Divorce/Separation | You/Your parents are now formally separated/divorced OR are now informally separated. | 1. 2019 most recent parent and student paystub showing year-to-date earnings (if income earned to date in 2019)  
2. Letter from employer documenting change (if applicable)  
3. Complete SECTION 3 on page 3. |
| Date of Status Change: | □ Recent Divorce/Separation  
Date of Status Change: | |
| Loss of taxable/untaxed Income | You/Your parent(s) received benefits in 2017 which ceased, or will be reduced, in 2019. | 1. 2019 most recent parent and student paystub showing year-to-date earnings (if income earned to date in 2019)  
2. Documentation verifying effective date of loss or reduction  
3. Documentation of reduced amount being received  
| □ Child Support  
| □ Alimony  
| □ Worker’s Compensation  
| □ Other:| |
| Date of Loss: | Loss of taxable/untaxed Income | |
| □ Death of a Parent/Spouse | A parent or spouse has died after the completion of the FAFSA. | 1. Copy of Death Certificate  
2. Statement of Survivor Benefits  
3. DO NOT complete SECTION 3 |
| Date of Death: | □ Death of a Parent/Spouse  
Date of Death: | |
| □ One-Time Income | You/Your parent(s) received a one-time income in 2017. Examples include a pension or IRA distribution, inheritance or bonus, a retirement rollover that appears on the FAFSA via IRS Data Retrieval or a one-time withdrawal from a 401k account. | 1. Documentation supporting one-time income  
2. For IRA rollovers provide a signed copy of the 2017 Federal Income tax return and a copy of the 1099R or FM5498  
3. DO NOT complete SECTION 3 |
| □ Medical/Dental Expenses | You/Your parent(s) experienced high out-of-pocket medical/dental expenses in 2017. | 1. Provide a copy of Schedule A from the 2017 IRS Federal Tax Return showing documentation of out-of-pocket expenses.  
2. DO NOT complete SECTION 3 |
SECTION 3

Complete the following 2019 Estimated Income Table. Report all income actually received from January 1, 2019 through today in the ACTUAL column and an estimate of income you expect to receive from tomorrow through December 31, 2019 in the ESTIMATED column.

*** If any section is NOT applicable, please enter 0. DO NOT LEAVE ANY FIELDS BLANK. ***

<table>
<thead>
<tr>
<th>EXPECTED INCOME FOR JANUARY 1 THROUGH DECEMBER 31</th>
<th>ACTUAL 1/1/19 to Today</th>
<th>ESTIMATED Today to 12/31/19</th>
<th>TOTAL ACTUAL + ESTIMATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected 2019 income earned from work by Parent 1 (wages, salaries, tips, net rental/business/farm income)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2019 income earned from work by Parent 2 (wages, salaries, tips, net rental/business/farm income)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2019 income earned from work by student (wages, salaries, tips, net rental/business/farm income)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Severance Package (Attach Documentation)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.) Source:________________________</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>If this request is due to a death of a family member, will family receive life insurance or other resources? Yes__________ No__________</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Untaxed Income (pre-tax pension contributions, tax-exempt interest/dividends, worker’s compensation, payments to IRA/Keogh, money received or paid on your behalf (i.e. bill/rent/mortgage) etc.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL EXPECTED INCOME FOR 2019</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support received</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
SECTION 4

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

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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).
- 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.

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 do not provide ALL the required documentation and proof of the information on this form to the PSU Financial Aid Team the student WILL NOT be reviewed.

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

Parent’s Signature ___________________________________________ Date _________________________

Student’s Signature __________________________________________ 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; finaid@plymouth.edu ; go.plymouth.edu/aid