



STUDENT INFORMATION

Last Name

First Name

Middle Initial

Student ID Number

By completing this form, you are stating there has been a major, involuntary change in your family's financial circumstance that reduced your family income or assets for 2023.

The purpose of this form is to allow you to submit additional information that will assist the Office of Financial Aid in determining your child's eligibility for financial aid. Our office will use this additional information to consider changes in your family's financial status, and to determine if allowable adjustments can be made to reflect those changes.

PROVIDE A DETAILED EXPLANATION OF YOUR FAMILY'S CHANGE IN CIRCUMSTANCE

(Note: For layoffs and terminations, you must be unemployed for at least 10 weeks before submitting this form.)

What has changed in your family's financial circumstance for 2023? Please include dates in your description.

FAR23MIL
FAC23DCC

**ESTIMATE YOUR 2023 GROSS ANNUAL INCOME**

Report all income received through today PLUS income you expect to receive from today through 12/31/2023.

For any source of income listed below, please provide proof of that income. For example, most recent paystubs, proof of unemployment benefits received year-to-date, document withdrawals from retirement.

Source of Income	Estimate of 2023 Income NO BLANKS, PUT A "0" IF DOES NOT APPLY	For Office Use Only
Father's/Stepfather's wages		
Mother's/Stepmother's wages		
Unemployment compensation		
Alimony		
Pension benefits		
Child support		
Disability benefits		
Worker's Compensation		
Life insurance processed		
Other (Please explain)		
TOTAL ESTIMATE OF ANNUAL INCOME		

CURRENT ASSETS

DO NOT LEAVE BLANKS. PUT "0" IF IT DOES NOT APPLY.

Type of Asset	Value of Asset	Debt on Asset
Cash, savings, checking		
Investments		
Business/Farm		

DOCUMENTATION ATTACHED

Provide documentation to support your change in circumstance and your projected income. For example, letters of separation from former employers, unemployment benefit determination letters, etc. We may request additional documentation depending on your situation. Lack of documentation can delay or result in a denial of your request.

Please allow 1-2 weeks for processing

CERTIFICATION

By signing this worksheet, I certify that all of the information reported on it is complete and correct. I understand that submission of this form and documentation does not guarantee that an adjustment will be made.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student Signature

Date

Student ID Number

Parent Signature

Date