

Marist

**CHANGE OF CIRCUMSTANCE FORM
REQUEST FOR REVIEW
REDUCTION IN FAMILY INCOME
2009-2010 ACADEMIC YEAR**

Please Note: You must file a 2009-2010 Free Application for Federal Student Aid (FAFSA) before submitting this form.

STUDENT'S NAME: _____

STUDENT'S CWID: _____

Permanent Address

Phone

If you have special circumstances which have resulted in a reduction of resources for the 2009 calendar year and will affect your ability to contribute toward your educational expenses, please complete this form.

The office will only consider reductions in income for the circumstances listed in Section I of this form. It is our policy **not to consider** a reduction in income for the following:

- 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, other miscellaneous consumer item expenses).
- One year bonus incomes such as lottery or gambling winnings.
- Reductions in overtime pay (this will be reflected on the following year's aid applications).

If you are uncertain whether or not your situation may be considered for a review, please contact our office at (845) 575-3230

Student's Name: _____

Student's CWID: _____

SECTION I: To determine if any adjustments can be made to your financial aid file, please complete the appropriate sections below.

A. ___ Since you completed the 2009-10 FAFSA, you, your spouse, or a parent has lost employment because of termination, layoff, disability, retirement, company closing.

Last date of employment ___/___/___ Date expected to return to work ___/___/___

Documentation Required:

- Copy of most recent pay stub
- Notice of benefits determination
- Copy of disability award
- Unemployment Compensation letter
- Letter of termination/severance compensation, if applicable

B. ___ Since you completed the 2009-10 FAFSA, you, your spouse, or a parent has lost some type of untaxed income or benefits. Untaxed income included: worker's compensation, child support, pensions and annuities, social security benefits.

Name of person losing benefit _____

Relationship to student _____

Type and Amount of benefit _____

Date lost ___/___/___

C. ___ Your spouse or a parent is now deceased, but his/her information was reported on the FAFSA.

Date deceased ___/___/___

D. ___ You/your spouse or a parent have incurred excessive medical expenses in 2009 due to the illness of a family member.

Documentation Required:

- Copies of Out of Pocket Medical Expenses and Proof of Payment.

E. ___ **Other:** Please Specify _____

Documentation Required:

- **Detailed** statements regarding your circumstances and supporting documentation

Student's Name: _____
Students CWID: _____

SECTION II: Please provide anticipated income for the entire calendar year 2009. Do not put hourly wage rates but instead compute what will be earned for the year. List income that was received from January 1, 2009, until now in the first column and estimate the amounts to be received from now until December 31, 2009, in the second column. Then total the first and second columns.

INCOME FOR JANUARY 1, 2009, TO DECEMBER 31, 2009
Student/Spouse/Parent Information

	ACTUAL + 1-1-09 to Today Date ___/___/___	ESTIMATED = Today to 12-31-09 Date ___/___/___	TOTAL (Actual + Estimated Columns)
Student and/or Spouse work income	\$	\$	\$
Father or Stepfather work income	\$	\$	\$
Mother or Stepmother work income	\$	\$	\$
Taxable interest income	\$	\$	\$
Taxable pensions/annuities	\$	\$	\$
Unemployment compensation	\$	\$	\$
Taxable portions of Social Security	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Other _____	\$	\$	\$
Office use only			
Untaxed portions of Social Security	\$	\$	\$
\$Welfare benefits or AFDC	\$	\$	\$
Untaxed pensions/annuities	\$	\$	\$
\$Worker's compensation	\$	\$	\$
Child support received	\$	\$	\$
IRA/KEOGH contributions	\$	\$	\$
Untaxed interest income	\$	\$	\$
Earned income credit	\$	\$	\$
Other _____	\$	\$	\$
Office use only			

Documentation, such as letters from employers, doctors, unemployment, paystubs, etc., which supports the basis of your family's appeal must be submitted. **DO NOT LEAVE ANY BLANKS. PLEASE ENTER ZERO IF THE AMOUNT IS ZERO.** Please **COMPLETE** and return form to:

Marist College
Office of Student Financial Services
3399 North Road
Poughkeepsie, NY 12601.
Fax: (845) 575-3099

Student's Signature: _____

Date: _____

Parent's/ Stepparent's Signature: _____

Date: _____