Supplemental Financial Aid Information

CHANGE OF CIRCUMSTANCE FORM
REQUEST FOR REVIEW
REDUCTION IN FAMILY INCOME
2016-2017 ACADEMIC YEAR

If you have special circumstances which have resulted in a significant reduction of resources for the 2015 calendar year and will affect you and your family’s ability to contribute toward your educational expenses, please complete this form. All requests must be accompanied by appropriate documentation.

STUDENT’S NAME: ________________________________________
STUDENT’S CWID: ________________________________________

Permanent Address

Phone

Please Note: You must file a 2016-2017 Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov before submitting this form.

If your FAFSA was selected for verification, all required documentation must also be completed. You can review any “Financial Aid Requirements” via your myMarist account by clicking the Student Financial Services tab.

All freshmen with need based aid should use the IRS Data Retrieval process. If you are unable to use the IRS Data Retrieval, please submit copies of your 2015 IRS Tax Return Transcript. You can download and print your transcript immediately, or request the transcript be mailed to your address on record at http://www.irs.gov/Individuals/Get-Transcript.

The office will only consider reductions in income for the circumstances listed on the next page 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, home repair expenses, unless incurred because of a natural disaster, other miscellaneous consumer item expenses)
- One year bonus incomes (e.g. work/performance bonus, 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

For Office Use Only:
Verification Complete ☐
CHECK ALL SPECIAL CIRCUMSTANCES THAT APPLY:

Supporting documentation must be submitted with this form regarding your circumstance

☐ Loss or significant change of employment due to termination, layoff, disability or company closing (see required documentation listed below)

☐ Divorce or Separation (divorce decree or separation agreement, W-2 statements for each parent and a copy of the 2015 Tax Return Transcript)

☐ Death of a Parent or Spouse whose information is reported on the FAFSA (death certificate)

☐ Loss of untaxed income (social security, pension, child support, alimony, etc.)

☐ Non-reimbursed medical, dental and/or handicapped-related expenses (explanation of benefits, billing statements of non-reimbursed/out of pocket expenses or a copy of the Schedule A from the 1040 Federal Tax Return confirming itemized expenses)

☐ Other. Please Specify: ______________________________________________

(Please include a signed letter explaining family’s circumstances and any applicable backup documentation)

❖ If a loss or significant change in employment will affect your income in 2016, please provide documentation for each applicable item shown below:

- Copy of most recent pay stub showing new or changed salary
- Last pay stub from former position
- Unemployment compensation letter/statement of unemployment benefits
- Letter of termination/severance or separation agreement
- Copy of disability benefit

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

When did this change take place? ________________________________________________________________

Date Expected to Return to Work, if applicable _____/_____/_____
All information on this form and supporting documents is true and complete to the best of my knowledge. I further understand that submission of this information does not guarantee an adjustment to the student’s award or a change to the original financial aid decision.

Student’s Signature: ___________________________ Date: ____________

Parent’s Signature: ___________________________ Date: ____________

<table>
<thead>
<tr>
<th>Income from Jan 1, 2016 – December 31, 2016</th>
<th>A. Income Received From Jan 2016 to Date</th>
<th>B. Estimated Income (Through Year End)</th>
<th>C. Total Income (A + B)</th>
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<tbody>
<tr>
<td>Wages, salaries, compensation- Student and/or Spouse</td>
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<tr>
<td>Wages, salaries, compensation- Father/Stepfather</td>
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<td>Wages, salaries, compensation- Mother/Stepmother</td>
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<td>Severance Pay</td>
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<td>Taxable Pension/Annuity withdrawals</td>
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<td>Unemployment Compensation</td>
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<td>Voluntary contributions to retirement plans such as 401(K) or 403(B) plans (paid directly or withheld from earnings)</td>
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<td>IRA, Keogh and/or SIMPLE contributions</td>
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<td>Untaxed Portions of Social Security</td>
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<td>Worker’s Compensation</td>
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<td>Untaxed Pensions/Annuities</td>
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<td>Child Support Received</td>
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<td>Alimony/Spousal Support</td>
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<td>Any other taxable or untaxable income (please specify)</td>
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</tbody>
</table>

Please mail form to: Marist College • Office of Student Financial Services • 3399 North Road • Poughkeepsie, NY 12601
Please email form to: studentfinancialservices@marist.edu
Please fax form to: (845) 575-3099