
2019-2020 Parent Request for Income Change Review

Last Name	First Name	MI	SWC ID Number
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Southwestern College's Financial Aid Department recognizes that families may experience significant changes to their income or family circumstances that are not reflected in the original Free Application for Federal Student Aid (FAFSA) used to determine the student's 2019-2020 financial aid eligibility.

Please have your parent(s) complete this form if their income will be less in 2019 than in 2017, or if they have had some other significant changes due to circumstances out of their control. You parent(s) will be required to submit supporting documentation.

A. Required Documentation

Submit the following information with this form –

- ◇ A copy of your parent(s)' 2017 IRS Tax Transcript and W-2 form(s). You don't need to submit a 2017 IRS Tax Transcript if you have already provided one as part of the verification process for your 2019-2020 FAFSA.
 - ◇ If you have not completed the verification process, submit a 2019-2020 Dependent Verification Worksheet; complete all sections of Group VI.
 - ◇ If you are submitting your request after March 1, 2019, your parent(s)' may be required to also provide a copy of your 2017 IRS Tax Transcript and W-2 form(s).
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Required Information Specific to Your Parent(s)' Special Circumstance

In addition, please provide the documentation specific to your parent(s)' special circumstance(s) -

Significant Reduction of Income

- ◇ A signed statement listing the date employment ended or changed and why.
 - ◇ Copies of your parent(s)' most recent paycheck stub(s) showing year-to-date earning.
 - ◇ Copy of your parent(s)' resignation, termination or layoff notification by employer.
 - ◇ Copy of current official documentation of unemployment compensation, disability insurance, severance pay, retirement pension pay out, and/or other documentation appropriate to your parent(s)' situation.
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Separation/Divorce

Which occurred after the 2019-2020 FAFSA was completed.

- ◇ A signed statement listing the date of separation/divorce, names and ages of current household members, monthly amount of child support and/or spousal support and when payments begin or are expected to begin.
 - ◇ If your parent(s) no longer receives child support for one or more of the children, specify the date(s) the child support ended, how many children in the household will continue to receive child support, and how much your parent(s) will receive each month.
 - ◇ Copy of divorce decree or legal separation documents, if available.
 - ◇ Copy of child and/or spousal support decree, if available.
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One-Time Income Received in 2017.

This income will not be received in 2019. Examples include: capital gains from the sale of property or investment, one-time distribution from pension account, severance pay, or inheritance. Do not include: gambling winnings or lottery.

- ◇ Explanation of type and amount of income that was received in 2017 and is a one-time occurrence. Also indicate how this one-time income has been allocated.
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Significant Reduction of Income after Military Discharge

- ◇ Copy of DD Form 214, Member 4. For any employment *after* military discharge, please provide the following:
 - ◇ A signed statement listing the date employment ended or changed and why.
 - ◇ Copies of your parent(s)' most recent paycheck stub(s) showing year-to-date earnings.
 - ◇ Copy of your parent(s)' resignation, termination or layoff notification by employer.
 - ◇ Copy of current official documentation of unemployment compensation, disability insurance, severance pay, retirement pension pay out, and/or other documentation appropriate to your parent(s)' situation.
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Significant and/or Recurring Medical, Dental, or Nursing Home Expenses Not Covered by Insurance

- ◇ Explanation of why these expenses are not covered by insurance
- ◇ If the 2017 Federal Income Tax Return was filed with Schedule A, provide a copy of Schedule A.
- ◇ Copies of billing statement(s) from provider(s).
- ◇ Proof of payment (e.g. credit card statements, copies of canceled checks, bank account withdrawals, etc.) for expenses paid out of pocket.
- ◇ Documentation of continuing expenses not covered by insurance.
- ◇ If continuing expenses, statement from attending physician or State Disability Office.

Other Special Circumstances

Other special circumstances that may justify a Request for an Income Change Review (for example: death) that has occurred since filing the 2019-2020 FAFSA. Please note that additional documentation may be requested.

- ◇ Supporting documentation.

Projected/Estimated Income

Do not leave any item blank – if an item does not apply, write “N/A” or “0.”

Parent (s) Income Sources <i>Report Monthly Amounts</i>	Effective Dates		Father	Mother
	Month/Year			
	Start Date:	End Date:		
Wages/Income from Work			\$	\$
Severance Pay			\$	\$
Unemployment Compensation/Benefits			\$	\$
Worker’s Compensation			\$	\$
Disability Income/Benefits			\$	\$
Pensions/Retirement			\$	\$
Alimony Received			\$	\$
Child Support Received			\$	\$
Interest and Dividend Income			\$	\$
Other Income (specify source)			\$	\$

Student’s Income

- ◇ No change
- ◇ Change in income, will also submit a Student Request for

B. Certification

I certify that all information reported on this form is true and accurate to the best of my knowledge. I have attached all required documentation. If asked, I will provide additional information or documentation of my special circumstances.

If my financial situation changes after I submit this form, I will notify the Financial Aid Department immediately.

Student Signature

Date

Parent Signature

Date

Financial Aid Office Use Only:

	Approved		Denied	Reviewer Signature and Date
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