

CHANGE OF CIRCUMSTANCE REQUEST
Independent Student
2009-2010

Name: _____ UWF ID #: _____

The University of West Florida recognizes that situations occur which may affect your eligibility for financial aid. This form is designed to document those situations for review by the Financial Aid Office. **An adjustment will be approved only one time during your enrollment period at UWF. In addition, adjustments are limited to the situations outlined below.**

Please complete this form and submit it to the Financial Aid Office with the required documentation. **Incomplete requests will be returned and will not be reviewed until we have all the required paperwork.** Once reviewed, you will be notified of the decision. **If you have not already completed the Institutional Verification Form for 2009-2010, this form must also be submitted with your request for change of circumstance; it is available on our website.**

For all situations involving loss of, or changes to, employment, you must provide:

1. **A signed copy of your 2008 tax return.**
2. **Documentation from the Unemployment Office of any unemployment benefits for calendar year 2009.**
3. **Documentation from the employer outlining the situation and dates of employment. If the request is due to a change in military status, DD214 is required.**
4. **Final pay stub from previous employer and/or most recent pay stub(s) verifying 2009 year-to-date income (for you and your spouse).**

I. Please review the section below and indicate which situation applies to you.

- A. Student/Spouse is **currently** unemployed as a result of:
- layoff
 - retirement
 - job transfer
 - disability
 - discharge/release

**** If you or your spouse have quit your job, you are not eligible for a change of circumstance.****

- B. Student/Spouse has had a reduction of hours which was mandated by the employer.
- C. Student/Spouse has changed employment as a result of layoff, retirement, disability, discharge.
- D. Untaxed income or benefits has ceased as of / / . You must provide documentation from the agency providing the benefits.
- E. **Excessive** medical and/or dental expenses not covered by insurance that you paid in 2008. Schedule A from IRS 1040, receipts, or canceled checks must be provided.
Do not complete Part III regarding anticipated income for 2009.

II. Please provide a detailed explanation (including dates) outlining your situation.

III. In addition to the documentation required, you must also complete the sections below regarding **anticipated** income for 2009.

| 2009 Gross Taxable Income | Student | Spouse |
|----------------------------------|----------------|---------------|
| Wages, Salaries, Tips | _____ | _____ |
| Interest Income | _____ | _____ |
| Pension | _____ | _____ |
| Business or Farm Income | _____ | _____ |
| Alimony | _____ | _____ |
| Unemployment Compensation | _____ | _____ |
| Other _____ | _____ | _____ |
| TOTAL | _____ | _____ |

| 2009 Untaxed Income | Student | Spouse |
|-------------------------------------------|----------------|---------------|
| Social Security/SSI | _____ | _____ |
| AFDC | _____ | _____ |
| Child Support | _____ | _____ |
| Untaxed portion of pension/IRA deduction | _____ | _____ |
| Worker's Compensation | _____ | _____ |
| Disability Benefits | _____ | _____ |
| Military Benefits: | | |
| · Housing | _____ | _____ |
| · Food | _____ | _____ |
| · Clothing | _____ | _____ |
| · Other | _____ | _____ |
| Veteran's Benefits (other than education) | _____ | _____ |
| Cash support or money paid on your behalf | _____ | _____ |
| Other _____ | _____ | _____ |
| TOTAL | _____ | _____ |

IV. All of the information on this form is true to the best of my knowledge. The penalty for providing fraudulent information may be repayment of any funds received.

Signature Date