

CHANGE OF CIRCUMSTANCE REQUEST
Dependent Student
2007-2008

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. **Adjustments made for a dependent student are done on the basis of a change in PARENT income ONLY. 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.

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

1. **A signed copy of your parent's 2006 tax return.**
2. **Documentation from the Unemployment Office of any unemployment benefits for calendar year 2007.**
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 2007 year-to-date income (for father and mother).**

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

A. Father/Mother is **currently** unemployed as a result of:

- layoff
- retirement
- job transfer
- disability
- discharge/release

**** If father/mother has quit their job, you are not eligible for a change of circumstance.****

B. Father/Mother has had a reduction of hours which was mandated by the employer.

C. Father/Mother 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 your parents paid in 2006. Schedule A from IRS 1040, receipts, or canceled checks must be provided.
Do not complete Part III regarding anticipated income for 2007.

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 2007.

2007 Gross Taxable Income

Father

Mother

Wages, Salaries, Tips

Interest Income

Pension

Business or Farm Income

Alimony

Unemployment Compensation

Other _____

TOTAL

2007 Untaxed Income

Father

Mother

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 of Student

Date

Signature of Parent

Date