Student’s Name: ________________________________________ Valpo ID# ____________________

By completing this form, you are indicating you and/or your family have had significant changes in your financial situation and the 2015 data does not reflect the income you expect for 2016.

Before submitting this form, make sure you have completed the 2016-2017 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov.

- Filing this form may not necessarily result in an increase in financial aid.

Please attach a separate page explaining, in detail, your situation, if your circumstances cannot be properly reflected using this form.

I understand if I knowingly make a false statement or a misrepresentation, further financial assistance may be denied and repayment of current assistance may result.

Parent Signature __________________________________ Student Signature __________________________________

Parent E-mail (if available) __________________________ Parent Daytime Phone Number _____________

☐ Divorce or Separation

Date divorce/separation occurred __________________________

Amount of child support and/or alimony to be received during 2016? __________________________

Dependent Students: Which parent will the student live with the most? ________________

Required Documentation:
✓ Signed copy of 2015 federal tax return (or tax transcript) and W-2 forms
✓ Signed copy of separation/divorce document
✓ Signed document showing alimony or child support to be received

☐ Death of Parent / Spouse

Date death occurred __________________________

Required Documentation:
✓ Signed copy of 2015 federal tax return (or tax transcript) and W-2 forms
✓ Copy of death certificate

Return completed form, letter of explanation and documentation to:
Kretzmann Hall - Office of Financial Aid
Valparaiso University
1700 Chapel Drive
Valparaiso, IN 46383
or Fax to 219.464.5012
Email: finaid@valpo.edu
**When and what to submit:**

**Incoming students:**
Submit these changes after you receive your initial award or when the change in income occurs (change must be for at least 10 weeks).

**Returning students:**
~Reduction of income, submit form at the time change occurred.
~Loss of employment: submit when employment is re-established during 2016.
~Not re-employed during 2016 submit information in January 2017.
(Aid for Fall 2016 and Spring 2017 awards will both be reviewed in January 2017.)

**Required Documentation:**
- Detailed letter of explanation
- Signed copy of 2015 federal tax return (or tax transcript) and W-2 forms and/or 1099 forms

**Other supporting documentation needed, depending on change that occurred:**
- Termination letter and copy of last pay stub(s)
- Recent pay stub or letter from new employer showing new rate of pay and date of hire
- Signed statement of severance pay/unemployment benefits, indicating amount and when benefits begin and end.
- Copy of benefit letter stating amount of benefit change or date of termination

<table>
<thead>
<tr>
<th>Decrease in Income</th>
<th>Required/supporting documentation: Refer to list above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date change/loss occurred ______________________</td>
<td>To whom did this change occur? ______________________</td>
</tr>
<tr>
<td>(complete the information below for this person only)</td>
<td></td>
</tr>
<tr>
<td>Gross wages, salaries, tips, and severance pay</td>
<td>Projected 2016 Income</td>
</tr>
<tr>
<td>Other taxable income such as unemployment compensation, etc.</td>
<td></td>
</tr>
<tr>
<td>Child support or alimony received</td>
<td></td>
</tr>
<tr>
<td>Untaxed income (i.e. contributions to retirement plan, clergy/military housing allowance, workers' compensation, etc.)</td>
<td></td>
</tr>
<tr>
<td>Other income ______________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nonrecurring (one-time) income</th>
<th>Required/supporting documentation: Refer to list above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of nonrecurring income</td>
<td>______________________</td>
</tr>
<tr>
<td>Amount received in 2015 $________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decrease or loss of benefit or support (i.e. child support, unemployment, social security, etc.)</th>
<th>Required/supporting documentation: Refer to list above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of benefit / support</td>
<td>______________________</td>
</tr>
<tr>
<td>Date it was stopped or was reduced</td>
<td>______________________</td>
</tr>
<tr>
<td>Monthly amount you received in 2015 $________</td>
<td></td>
</tr>
</tbody>
</table>