2015-2016 Special Circumstance Form
Income Changes
Office of Financial Aid

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 2014 data does not reflect the income you expect for 2015.

Before submitting this form, make sure you have completed the 2015-2016 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 _____________

<table>
<thead>
<tr>
<th>Divorce or Separation</th>
<th>Date divorce/separation occurred</th>
<th>Amount of child support and/or alimony to be received during 2015?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________________________</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

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

**Required Documentation:**
- Signed copy of 2014 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

<table>
<thead>
<tr>
<th>Death of Parent / Spouse</th>
<th>Date death occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>____________________</td>
</tr>
</tbody>
</table>

**Required Documentation:**
- Signed copy of 2014 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 2015.
- Not re-employed during 2015 submit information in January 2016.
(Aid for Fall 2015 and Spring 2016 awards will both be reviewed in January 2016.)

Required Documentation:
✓ Detailed letter of explanation
✓ Signed copy of 2014 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>
</table>
Date change/loss occurred ____________________ To whom did this change occur? ____________________
(complete the information below for this person only)

<table>
<thead>
<tr>
<th></th>
<th>Projected 2015 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross wages, salaries, tips, and severance pay</td>
<td></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>
</table>
Source of nonrecurring income __________________________
Amount received in 2014 $____________________

<table>
<thead>
<tr>
<th>□ Decrease or loss of benefit or support</th>
<th>Required/supporting documentation: Refer to list above</th>
</tr>
</thead>
</table>
(i.e. child support, unemployment, social security, etc.)
Type of benefit / support __________________________
Date it was stopped or was reduced __________________________
Monthly amount you received in 2014 $____________________