2014-2015 Special Circumstance Form
Income Changes
Office of Financial Aid

Student’s Name: ________________________________________ Valpo ID# ____________________

→ Before submitting this form, make sure you have completed the 2014-2015 Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov.

→ By completing this form, you are indicating you and/or your family have had significant changes in your financial situation and the 2013 data does not reflect the income you expect for 2014.

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

→ Please attach a separate page explaining your situation, in as much detail as possible, if your circumstances cannot be reflected properly in 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 2014? __________________
Dependent Students: Which parent will the student live with the most? __________________

Required Documentation: ✔ Signed copy of 2013 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 2013 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
**For all changes of income on this page**

**Time-line when submitting your appeal:** (Please contact the Office of Financial Aid to discuss the timing of submission of your documentation, given your individual circumstance.)

**Incoming students:**
~At the time of the initial award or change in income (change must be for at least 10 weeks).

**Returning students:**
~If still employed, but had a reduction of income: submit at the time of the change.
~For loss of employment: submit when employment is re-established during 2014.
~If not re-employed during 2014 submit in January 2015.  (Aid for Fall 2014 and Spring 2015 awards will both be reviewed in January 2015.)

**Required Documentation:**
✓ Detailed letter of explanation
✓ Signed copy of 2013 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 or unemployment benefits, indicating amount 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>
</tbody>
</table>

(To complete the information below for this person only)

<table>
<thead>
<tr>
<th>Projected 2014 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross wages, salaries, tips, and severance pay</td>
</tr>
<tr>
<td>Other taxable income such as unemployment compensation, etc.</td>
</tr>
<tr>
<td>Child support or alimony received</td>
</tr>
<tr>
<td>Untaxed income (i.e. contributions to retirement plan, clergy/military housing allowance, workers' compensation, etc.)</td>
</tr>
<tr>
<td>Other income ______________________</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 2013</td>
<td>$____________________</td>
</tr>
</tbody>
</table>

| □ Decrease or loss of benefit or support | Required/supporting documentation: Refer to list above |
| (i.e. child support, unemployment, social security, etc.) | |
| Type of benefit / support | ______________________ |
| Date it was stopped or was reduced | ______________________ |
| Monthly amount you received in 2013 | $____________________ |