



Student's Name: _____ Valpo ID# _____
Student phone number: _____
Student email address: _____

The Office of Financial Aid recognizes that you or your family may have changes in income or family situations that may affect your ability to contribute to your 2021-2022 educational expenses. If you experience a circumstance that is unusual or if your financial circumstances have changed significantly since you submitted your FAFSA, please provide further explanation of your special circumstance by completing this form.

Information and Instructions for Completing this Form:

1. Complete 2021-2022 Free Application for Federal Student Aid (FAFSA) at studentaid.gov. Valparaiso University school code is (001842)
2. If you have been selected for verification, you are required to complete verification first before adjustments can be made to your aid. Regularly check your DataVU Financial Aid Self-Service for required documents that are needed.
3. Check ALL that apply to you:
 - Loss of employment or change in employment status for student or spouse
 - One-time/non recurring income reflected on 2019 taxes that created an unusual increase in income
 - Decrease or loss of benefit or support (child support, pension, etc)
 - Unusually high medical/dental expenses not covered by insurance or pre-tax medical savings/spending account
 - Divorce or separation after filing the 2021-2022 FAFSA
 - Death of spouse
 - Private elementary or secondary school tuition for children
 - Daycare or Eldercare expenses
 - College/tuition expenses for spouse in 2021-2022 academic year
 - Education loan payments made by spouse for themselves
 - Other _____
4. Please provide a written statement explaining what caused the change(s) in your family's circumstances
5. Please provide documentation of your change in circumstance(s). See next page for a list of required documents for specific circumstances. *If you cannot provide the required documentation, include in your written statement why the information is not available.*
6. Return this form with signatures, written statement, and supporting documentation to:

Office of Financial Aid, Kretzmann Hall, 1700 Chapel Drive, Valparaiso, IN 46383
Fax: (219) 464-5012 Email: finaid@valpo.edu

Certification Statement

By signing this form, I understand that the submission/review of this form does not guarantee a change in the student's financial aid eligibility. I certify all the information on this form and any attachments are complete and accurate to the best of my knowledge. **WARNING: Purposely given false or misleading information may result in reversal of any additional aid awarded.** I agree to notify the Office of Financial Aid, if any of the information provided on this form changes.

Student Signature: _____ Date: _____

Spouse Signature (if applicable) : _____ Date: _____

Acceptable Documentation:

Reason	Documents required
<p>Employment Loss/Change in Employment Status (We are unable to estimate business/seasonal income. For all families with this type of income, we will do an End of Year Review and will require the 2021 federal tax transcript or signed 2021 tax return to complete.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> SIGNED copy of BOTH 2019 and 2020 tax return (include Schedules 1-3 as applicable) <input type="checkbox"/> Copies of student and spouse (if applicable) 2019 and 2020 W2s <input type="checkbox"/> Employer Separation/Termination Notice or Employer signed statement: (Must be on company letterhead and document severance package (if received) and specify effective date of separation/termination) <input type="checkbox"/> Copy of last 2020 or 2021 pay stub received <input type="checkbox"/> Did or will the person who had the job loss receive unemployment? If yes, Unemployment Benefit statement required <input type="checkbox"/> Include if the person will remain unemployed for 2020 or 2021 or the date when they plan to begin employment again in the written statement
<p>One-time/non-recurring income</p>	<ul style="list-style-type: none"> <input type="checkbox"/> SIGNED copy of BOTH 2019 and 2020 tax return (include Schedules 1-3 as applicable) <input type="checkbox"/> Copies of student and spouse (if applicable) 2019 and 2020 W2s <input type="checkbox"/> Include source and amount received in 2019 of one-time/non-recurring income (one-time annuity, withdrawal from 401K/retirement, over-time pay, inheritance) in written statement
<p>Decrease/loss of benefit or support</p>	<ul style="list-style-type: none"> <input type="checkbox"/> SIGNED copy of BOTH 2019 and 2020 tax return (include Schedules 1-3 as applicable) <input type="checkbox"/> Copies of student and spouse (if applicable) 2019 and 2020 W2s <input type="checkbox"/> Include type of benefit/support (child support, unemployment, social security, etc.), date it was stopped or reduced, and the monthly amount you received in 2019 in your written statement
<p>Divorce/Separation</p>	<ul style="list-style-type: none"> <input type="checkbox"/> SIGNED copy of BOTH 2019 and 2020 tax return (include Schedules 1-3 as applicable) <input type="checkbox"/> Copies of student and spouse (if applicable) 2019 and 2020 W2s <input type="checkbox"/> Copy of divorce decree/signed letter from lawyer (must verify separation with intent to divorce) <input type="checkbox"/> Specify date (month/year) of divorce/separation and which parent student will live with the most in the written statement
<p>Death of spouse</p>	<ul style="list-style-type: none"> <input type="checkbox"/> SIGNED copy of BOTH 2019 and 2020 tax return (include Schedules 1-3 as applicable) <input type="checkbox"/> Copies of student and spouse (if applicable) 2019 and 2020 W2s <input type="checkbox"/> Specify date death occurred in written statement <input type="checkbox"/> Copy of death certificate or full obituary
<p>Excessive Medical Expenses</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Schedule A from 2019 or 2020 federal tax return <input type="checkbox"/> If Schedule A is not available and the expense was paid in 2019 or 2020 tax year, other documentation is required. This could include: an itemized list of 2019 or 2020 out-of-pocket payments and accompanying receipts/statements that you have already paid beyond what insurance covers. <input type="checkbox"/> Include your total expenses paid and the amount of pre-tax dollars (flex, HAS, etc.), if any, used to pay towards these total expenses in your written statement
<p>Elementary or secondary private school tuition for Children</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Include Net tuition for 2021-2022 academic year in written statement (Net amount equals costs minus tuition assistance received.) <input type="checkbox"/> Copy of tuition statement/bill from the school for the 2021-2022 academic year
<p>Daycare or eldercare expenses</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Include for whom care is provided, the relationship to student, and monthly expense in written statement. <input type="checkbox"/> Copy of statement from care provider or copy of canceled checks, wire transfers, etc verifying expense
<p>Spouse College tuition & expenses</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Include Net tuition for 2021-2022 academic year in written statement (Net amount equals costs minus tuition assistance received.) <input type="checkbox"/> Copy of tuition statement/bill from the school for the 2021-2022 academic year
<p>Spouse PLUS or private loan payments</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of most recent statement(s) from lender showing monthly payment amount
<p>Other</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide written statement with any relevant supporting documentation <i>(Please note: We cannot adjust for credit card bills, car payments, home mortgage, or other personal living expenses.)</i>