

RIT | Office of Financial Aid and Scholarships

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2020-2021 CHANGED FAMILY CIRCUMSTANCE FORM

Student Name _____ University ID _____

Day Phone Number (_____) _____ Best time to reach you at this number _____

The purpose of this form is to document to RIT special circumstances that could not be reported on the FAFSA. Please complete Sections A-D unless otherwise noted and submit documentation to fully support your situation to expedite the evaluation process. *Note: we will not consider the inability to liquidate assets, consumer indebtedness, mortgage payments, home improvement or property taxes.*

SECTION A: Please check the box(s) to the left that best identify your special circumstances. Provide documentation to verify your information.

SPECIAL CIRCUMSTANCE	DETAILS	REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of Employment	Your parent(s) or your earned income in 2019 or 2020 will be significantly less than in 2018 as reported on the FAFSA.	<ul style="list-style-type: none"> • Copy of last pay stub showing year-to-date earnings. • Termination/layoff notice from employer, severance package, and a benefit notice from the employment office.
<input type="checkbox"/> Loss of Taxable/Untaxed Income such as Alimony, business and farm income, capital gains, child support, pensions, annuities, social security, worker's compensation and/or other.	Your parent(s) or you received benefits in 2018 which have ceased or been reduced in 2019 or in 2020.	<ul style="list-style-type: none"> • Documentation from agency stating total amount received in 2018 with termination date. • Documentation of updated 2019 or 2020 income amount.
<input type="checkbox"/> Separation or Divorce	Your parents or you have separated or divorced AFTER submitting the FAFSA.	<ul style="list-style-type: none"> • A copy of the divorce decree or separation agreement or proof of separate residences.
<input type="checkbox"/> Death of a Parent or Spouse	A parent or spouse has died AFTER submitting the FAFSA.	<ul style="list-style-type: none"> • Copy of death certificate or obituary.
<input type="checkbox"/> Other Financial Difficulty/Unusual Expense such as funeral expenses, unreimbursed medical expenses, etc.		<ul style="list-style-type: none"> • Complete Section B and D. • Submit supporting documentation, if possible.

SECTION B: Please provide an explanation of your situation in detail. Attach additional paper/statement, as needed.

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SECTION C: Projected income and benefits from January 1, 2019 to December 31, 2019 and from January 1, 2020 to December 31, 2020 for individuals who report information on the FAFSA.

Income Source	Parent 1 Father/Stepfather Domestic Partner 1		Parent 2 Mother/Stepmother Domestic Partner 2		Student If married, provide spouse/domestic partner information separately	
	Name: _____		Name: _____			
	2019	2020	2019	2020	2019	2020
Wages, Tips, Salary	\$	\$	\$	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$	\$	\$	\$
Business/Farm Income	\$	\$	\$	\$	\$	\$
Worker's/Unemployment Compensation	\$	\$	\$	\$	\$	\$
IRA/KEOGH contributions	\$	\$	\$	\$	\$	\$
Untaxed pension contributions	\$	\$	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$	\$	\$
Retirement Benefits (including pensions and/or annuities)	\$	\$	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$	\$

SECTION D: Statement of Certification and Signature

The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify your office of any error or omission. I understand that failure to comply with this agreement could result in forfeiture of financial aid. **A parent must sign if updating parent information. Student must sign if updating student information.**

 Parent signature (not electronic or digital) Date Student signature (not electronic or digital) Date

If you have any questions, please do not hesitate to contact us. **Please upload this form and documentation, if applicable to www.rit.edu/aid/upload or mail to our office.**

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.