

RIT | Office of Financial Aid and Scholarships

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2024-2025 UNDERGRADUATE CHANGED FAMILY CIRCUMSTANCE FORM

(Graduate students contact graduate program coordinator for appeals)

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 and submit documentation to fully support your situation to expedite the evaluation process. *Note: the inability to liquidate assets, consumer indebtedness, mortgage payments, home improvement or property taxes are not considered a special circumstance for the purposes of this form.*

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 2023 or 2024 will be significantly less than in 2022 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 2022 which have ceased or been reduced in 2023 or in 2024. | <ul style="list-style-type: none"> • Documentation from agency stating total amount received in 2022 with termination date. • Documentation of updated 2023 or 2024 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.

SECTION C: Projected income and benefits from January 1, 2023 to December 31, 2023 and from January 1, 2024 to December 31, 2024 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: _____ | | | |
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| 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

Upload this form and documentation, to www.rit.edu/aid/upload or mail to our office.

WARNING: Per Federal regulation, if you purposely provide false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.