



2018-2019 CHANGED FAMILY CIRCUMSTANCE FORM

STUDENT NAME: _____ STUDENT UID# _____

PHONE NUMBER (incl. area code) to CONTACT STUDENT DURING DAYTIME: _____

This form gives you the opportunity to provide information to help us evaluate your need for financial assistance based on special circumstances. **We will not consider the inability to liquidate assets, consumer indebtedness, mortgage payments, home improvement or property taxes.**

RIT policy requires that special circumstances related to 2017 and/or 2018 projected taxable and non-taxable income are documented. We may also require proof of 2016 income sources.

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

SPECIAL CIRCUMSTANCE	IF YOU REPORTED PARENT INFORMATION ON FAFSA	PROVIDE THIS DOCUMENTATION
<input type="checkbox"/> Loss of Employment	Your parent(s) or your earned income in 2017 or 2018 will be significantly less than 2016.	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 (explain in section B)	Your parent(s) or you received benefits in 2016 which have ceased or been reduced in 2017 or in 2018.	Documentation from agency stating total amount received in 2016 & termination date; & documentation of updated 2017 or 2018 amount.
<input type="checkbox"/> Separation or Divorce	Your parents have separated or divorced AFTER submitting the FAFSA.	A copy of the divorce decree or separation agreement or proof of parents separate residences.
<input type="checkbox"/> Death of a Parent or Spouse	A parent or spouse has died AFTER submitting the FAFSA.	Copy of death certificate or obituary.
<input type="checkbox"/> Other Financial Difficulty/Expense (i.e. funeral expenses, unreimbursed medical expenses)		Provide details in Section B and submit supporting documentation if possible.

SECTION B: EXPLANATION OF SPECIAL CIRCUMSTANCES: *(Be specific; attach additional paper if necessary. If your special circumstance involves an unusual expense, provide information regarding that expense and copies of receipts for payment).*

STUDENT NAME: _____ UID# _____
 (Last) (First)

SECTION C: PROJECTED INCOME AND BENEFITS FROM JANUARY 1, 2017 TO DECEMBER 31, 2017 AND FROM JANUARY 1, 2018 TO DECEMBER 31, 2018 FOR INDIVIDUALS WHO REPORTED INFORMATION ON FAFSA

	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: _____			
	2017	2018	2017	2018	2017	2018
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

What do you believe is a reasonable amount that your family can contribute toward educational expenses in the 2018-2019 academic year? \$ _____

SIGNATURES: A parent must sign if updating parent information. Student must sign if updating student information.

 Parent signature Date Student signature Date

All of the information on this form is true and complete to the best of my knowledge.

If you choose to fax or email, please do NOT mail the original in to avoid duplication. Return all information to:

Rochester Institute of Technology
 Office of Financial Aid and Scholarships
 56 Lomb Memorial Drive
 Rochester, New York 14623 FAX (585) 475-7270 E-mail: RITAid@RIT.edu or NTIDAid@RIT.edu