## Office of Financial Aid



## STUDENT REQUEST FOR CHANGE OF CIRCUMSTANCE LOSS OF INCOME

APPLICANT INFORMATION		
Student Name:	Student SS/ID:	
Student Address:	Student Date of Birth:	
City, State, Zip:	Student email:	
Student Phone:	Student Alternate Phone:	

Please note that according to the Department of Education, unusual circumstances do not include:

- Reduction of income based on bankruptcy
- Tuition paid for elementary/secondary private school
- Reduction of income due to loss of overtime pay
- Families with reductions processed in 2015-16 that grossly underestimated 2015 income
- Medical expenses other than those claimed as a deduction on your 2015 tax returns
- Unusual expenses related to personal living and consumer item expenses.

Documents required for a Change in Circumstance due to Loss of Income			
	Your last paycheck stubs for all jobs.		
	Current paystubs for all other members of your family whose income was used on the FAFSA.		
	Letter stating the last date of employment from previous employer(s).		
	Statement of Benefits from TWC regarding unemployment benefits for all members of your family whose income was used on the FAFSA. (If applicable)		
	Copies of 2015 Federal Tax Return Transcripts and W-2 transcripts for all jobs worked in 2015. www.irs.gov/800-829-1040		
	Completed 2017-2018 FAFSA based on 2015 Annual Year income on file at GC.		
	Employment Record - Complete on back page.		

All students must complete this section of this form.				
EMPLOYMENT RECORD				
Employer	Start Date:	End Date:		
Employer	Start Date:	End Date:		
Employer	Start Date:	End Date:		
Employer	Start Date:	End Date:		

EXPLAINATION OF CHANGES			
Provide a clear explanation of changes that occurred which have affected your income, if needed, attach a separate sheet.			
<ul> <li>WARNING: In applying for a change in circumstance for the 2017-2018 school year, I understand:</li> <li>Additional documentation may be requested.</li> <li>Requests may take up to 6 weeks to process.</li> <li>Incomplete requests will not be processed.</li> <li>I have read and agree to the warning above:</li> </ul>			
Print Name:	Student ID:		
Student Signature	Date		
Grayson College 6101 Grayson Drive Denison Texas 75020-8399			

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