UNIVERSIT	Y OF	ILL	INOIS	CH	о –	Office	of St	tud	ent F	inanc	ial	Aid	and	Sch	olars	hips
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1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126



2023-2024 Change of Financial Situation Statement of Appeal

If the financial situation has changed for you, your parent(s), or your spouse (if independent per FAFSA) from what was reported on the 2023-2024 Free Application for Federal Student Aid (FAFSA), use this form to explain the change that has occurred. This form should only be completed by undergraduate students who are working on their first Bachelor's Degree. As a general rule, the anticipated 2023 Adjusted Gross Income (AGI) should be at least 20% less than the actual 2021 AGI before submitting this document for reasons related to loss of income and medical/dental expenses.

Once our office reviews the Change of Financial Situation Statement of Appeal, we will contact you for further documentation via email. No additional action is required on your part until we contact you.

Allowable Reasons

- 1. Loss of job/reduction in income in 2022 or 2023
- 2. Reduction in income in 2022 or 2023 due to a disability
- 3. Loss of benefits or untaxed income in 2022 or 2023 (i.e., child support, disability benefits, unemployment, etc.)
- 4. Parents' divorce or separation AFTER completion of the 2023-2024 FAFSA
- 5. Your divorce or separation **AFTER** completion of the 2023-2024 FAFSA (if independent per FAFSA)
- 6. Parent's death AFTER completion of the 2023-2024 FAFSA
- 7. Spouse's death AFTER completion of the 2023-2024 FAFSA (if independent per FAFSA)
- 8. Medical/dental expenses not paid by insurance and not claimed as a deduction on your/your parent(s) 2021 IRS Federal
- Income Tax Return (dates of service and dates paid must be from January 1, 2021 December 31, 2021)
- 9. Rollover incorrectly listed as untaxed income on your/your parent(s) 2021 IRS Federal Income Tax Return

□ Check this box if you are submitting the Change of Financial Situation Statement of Appeal because of financial hardship due to the COVID-19 pandemic.

Section A - Demographic Information (Please Print Clearly)

Student Name:_____

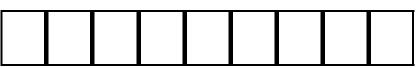
Student Phone:_____

Student Email:_____



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Section	B - Appeal Information						
Answer e	each question below.						
1. Individ	dual affected by change:						
	Student						
	Parent 1/Step-Parent 1	Name:					
	Parent 2/Step-Parent 2	Name:					
	Spouse (if Independent per I	FAFSA) Name:_					
circumsta affected,	ance occurred in 2022 or 202	23 and if the circumsta	Change of Financial Situation Statem ance has ended or is still occurring. Ir oration income, unemployment, social	nclude the types of income			
via email	r office reviews the Change . No additional action is requ C - Statement of Certific	uired on your part unt	Statement of Appeal, we will contact il we contact you.*	you for further information			
I certify that the information provided on this form is true and correct.							
Student	Signature	Date	Parent Signature (Only for Dependent Students pe	Date r FAFSA)			

