

UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid

1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385

2018-2019 Change of Financial Situation

Section A – Student Information (Please Print Clearly)

Last Name	First Name	M.I.	Email
Street Address	City	State	Zip Code

In addition to the required documents listed on this form, you **MUST** submit a **2018-2019 Dependent or Independent Verification Worksheet**. This form is meant to be a one-time form, not one that is completed every year, except in special circumstances. **This form should only be completed by undergraduate students.** As a general rule, the projected 2018 Adjusted Gross Income (AGI) should be at least 20% less than the actual 2016 AGI before submitting documentation for reasons A, B, and C.

PLEASE NOTE: YOU DO NOT NEED TO SUBMIT W-2(S) AND TAX TRANSCRIPTS AGAIN IF THEY WERE SUBMITTED TO OUR OFFICE FOR THE 2017-2018 ACADEMIC YEAR.

Section B – Indicate Reason(s) for Change of Financial Situation

- A. If dependent, your parent(s) or if independent, you or your spouse worked full-time in 2016, but lost his/her job and remained unemployed for at least 10 weeks during 2017 or 2018, or if dependent, your parent(s) or if independent, you or your spouse were employed full-time in 2016, but then became employed part-time in 2017 or 2018. **Documentation Required:** 1. A statement from previous employer on company letter head indicating the first and last day of employment or in the case of reduced hours, a similar letter stating your hours have been reduced, 2. Copies of all 2016 W-2 forms/benefit statements for you and your parent(s) or you and your spouse (if married), and 3. Copies of 2016 IRS Tax Return Transcripts for you and your parent(s) or you and your spouse (if married).
- B. If dependent, your parent(s) or if independent, you or your spouse worked full-time in 2016, but were unable to pursue normal income producing activities for at least 10 weeks during 2017 or 2018 due to a disability, etc. **Documentation Required:** 1. A letter from a physician or another source documenting reason, 2. Copies of all 2016 W-2 forms/benefit statements for you and your parent(s) or you and your spouse (if married), and 3. Copies of 2016 IRS Tax Return Transcripts for you and your parent(s) or you and your spouse (if married).
- C. If dependent, your parent(s) or if independent, you or your spouse received untaxed income in 2016 and had a complete loss of one of the benefits for at least 10 weeks in 2017 or 2018. This would include Child Support, Disability Benefits, Veterans Benefits, etc. **Documentation Required:** 1. A written statement from the appropriate agency showing the date the benefit was lost, 2. Copies of all 2016 forms/benefit statements for you and your parent(s) or you and your spouse (if married), and 3. Copies of 2016 IRS Tax Return Transcripts for you and your parent(s) or you and your spouse (if married).
- D. If dependent, your parent(s) or if independent, you or your spouse have become separated or divorced AFTER submission of your original 2018-2019 FAFSA. Please list the date of separation or divorce: ____/____/____. **Documentation Required:** 1. Copy of the temporary separation order or divorce decree from the court and documentation such as a lease, mortgage, etc., which shows two separate households, 2. Copies of all 2016 forms/benefit statements for you and your parent(s) or you and your spouse (if married), and 3. Copies of 2016 IRS Tax Return Transcripts for you and your parent(s) or you and your spouse (if married).
- E. If dependent, your parent(s) or if independent, your spouse, whose 2016 income was reported on the FAFSA, has died AFTER submission of the original 2018-2019 FAFSA. **Documentation Required:** 1. Death certificate, 2. Copies of all 2016 W-2 forms/benefit statements for you and your parent(s) or you and your spouse (if married), and 3. Copies of 2016 IRS Tax Return Transcripts for you and your parent(s) or you and your spouse (if married).

ENTER YOUR 9-DIGIT UIN 

1819

CFS-O

B

--	--	--	--	--	--	--	--	--

2018-2019 Change of Financial Situation

Section C - Anticipated Income for 2018 (Complete for reasons A, B, C, D, and E)

Anticipated Income for the 2018 calendar year (January 1, 2018 – December 31, 2018)				
Instructions: Answer EACH line with an amount or “zero” if it does not apply. If you checked the letter D, please give only the information of the custodial parent if Dependent, or if Independent, yourself. If you checked letter E, please give only the information of the surviving parent if Dependent, or if Independent, yourself. If Independent, and married, please include your and your spouse’s anticipated income. You will need to do this for each person whose financial data is included on the FAFSA, except as noted per the instructions above for letter D and E.				
Taxable Income From Wages	Father	Mother	Student	Student’s spouse
Document gross wages earned through today’s date _____ <i>Provide copy of most recent pay statement</i>				
Estimate anticipated wages from today’s date through Dec. 31, 2018 <i>Document how calculated on separate sheet of paper</i>				
Other Taxable Income	Father	Mother	Student	Student’s spouse
Unemployment income to date and anticipated in 2018 <i>Provide copy of monthly statement</i>				
Severance, paid time off, vacation pay out (if not included in gross wages)				
Taxable pension <i>Provide copy of monthly statement</i>				
Taxable income from 401K disbursements or other existing assets <i>Include year to date disbursements and anticipated disbursements</i>				
Other taxable income <i>(List the source)</i> _____				
Types of Untaxed Income	Father	Mother	Student	Student’s spouse
Housing allowance for military or clergy				
Workers compensation <i>Provide copy of monthly statement</i>				
Untaxed disability income <i>Provide copy of monthly statement</i>				
Child support received for all members of your household				
Untaxed pension <i>Provide copy of monthly statement</i>				
Other untaxed income <i>(List the source)</i> _____				

Section D – Statement of Certification

I/we certify that the information provided on this form and any attachments are true and correct. Additionally, it is understood that I/we must notify the Office of Student Financial Aid if the situation outlined in this request changes.

Student Signature	Date	Parent’s Signature (if dependent)	Date
-------------------	------	-----------------------------------	------

ENTER YOUR UIN →

--	--	--	--	--	--	--	--	--	--

