Purpose:
Students, the purpose of this form is to allow you to explain an unusual circumstance that may have caused you to have a reduction of your 2014 income compared to your 2013 income that is affecting your ability to finance your education here at DBU.

When to Submit:
You can request a Change in Circumstance no sooner than 60 days after the unusual circumstance has already occurred.

Applications Required:
- FAFSA (Free Application for Federal Student Aid) must have been filed and processed for the 2014-2015 year before the Change in Circumstance Form is submitted to the Office of Financial Aid.
- Change in Circumstance Form and supporting documentation.

Examples of Circumstances and Supporting Documentation:
Common situations that cause financial hardships.
- Loss or Change in employment for at least 60 days (copy of termination notice, resignation letter or company letter explaining employment change is required)
- Divorce or Separation (copy of divorce decree or proof of permanent separation is required)
- Death of Spouse (copy of death certificate is required)
- Retirement or Disability of yourself or spouse (a copy of company retirement letter or disability statement is required)
- Loss or change in untaxed income (notice from appropriate agency that benefit has been terminated)

Documentation Required:
Failure to supply this documentation will delay processing and/or result in denial of request.

- Proof of situation causing financial hardship.
- A copy of your and (if married) spouse’s 2013 Federal IRS Tax Return Transcript, and W-2’s used to complete this return. IRS Tax Return Transcript may be requested by calling 800-908-9946.
- If you did not file a 2013 Federal Income Tax Return, explain why. Provide proof of income (W’s, 1099 Misc Income Statements and 1099 Retirement Statements)
- Copy of last pay stub(s) from all of your employers – must show 2014 year to date earnings.
- If married, copy of last pay stub(s) from all of your spouse’s employers – must show 2014 year-to-date earnings.
- 2014-2015 Income Verification Form for Independent Student (IVF) at www.dbu.edu/financialaid/ and select the correct form
- If this request is being submitted after November 1, 2014, provide a copy of your 2014 Federal Income Tax Return.
- If collecting unemployment, provide copy of most recent unemployment compensation summary.

Notification:
The Office of Financial Aid will send a written notification of our decision. An adjustment to your application for assistance will only be granted after your information has been evaluated, and it has been determined that your request follows federal guidelines.

No action will be taken until all required documentation is received.
Section A: Student Information

Student’s Name ____________________________ DOB ____________
Last First MI
Address ___________________________________ City _______ State _______ ZIP ______
Home Phone ( ) ____________ Cell ( ) ____________ Work ( ) ____________

Section B: Explanation of Special Circumstance

Write legibly or type on a separate sheet a statement describing the reason for the reduction of income, or other unusual conditions. Be concise. Please indicate the date when the situation you are describing occurred. Be sure to provide proof of the special situation. Month/Day/Year ____/____/____

________________________________________________________________________
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________________________________________(If needed, attach additional page.)

Section C: Employment and Estimated Income for 2014

The following sections require you to provide yours and/or spouses expected 2014 income. Should any part, or all, of your income be from self-employment then a Change in Circumstance will only be considered AFTER you have completed your 2014 tax return and a copy of Schedule C is provided to our office.

Unemployment:
Have you applied for Unemployment Benefits? Yes _____ *No _____
If ‘YES’: Report amount received to date $ __________________
Projected amount of future payments for the 2014 year $ __________________

*If ‘NO’, and it because you are not eligible to receive benefits, please provide an explanation below as to why you are not eligible for benefits.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CIC-Independent Student
14/15
YOU MUST COMPLETE THIS SECTION: Provide figures for the entire year; do not put hourly wage rates. We realize that if you have lost your job it is difficult to project what your income will be for the remainder of the year if you are still in the process of trying to secure employment. However, you MUST project your best estimate. Compute what you will earn for the entire 2014 year. Include all income received from January 1, 2014, until now and estimate the amounts to be received from now until December 31, 2014.

### Student’s GROSS Income Information

<table>
<thead>
<tr>
<th>List all Employer(s):</th>
<th>Last Date Employed:</th>
<th>From January 1, 2014 Until Today</th>
<th>From Today Until December 31, 2014</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Anticipated Employment</td>
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</tbody>
</table>

- **Self Employment Income (Explain how figures determined)**
  - $  
  - $

- **Unemployment Benefits (If none, enter '0')**
  - $  
  - $

- **Withdrawals from Retirement Funds (If none, enter '0')**
  - $  
  - $

- **Severance Pay (If none, enter '0')**
  - $  
  - $

- **Social Security Benefits for all family members (If none, enter '0')**
  - $  
  - $

- **Aid To Families W/ Dependent Children (AFDC) (If none, enter '0')**
  - $  
  - $

- **Child Support Received (If none, enter '0')**
  - $  
  - $

- **Child Support Paid (If none, enter '0')**
  - $  
  - $

- **Untaxed Housing Allowance Pd To Military/Clergy (If none, enter '0')**
  - $  
  - $

- **Veteran’s Non-Educational Benefits (If none, enter '0')**
  - $  
  - $

- **Other (If none, enter '0')**
  - $  
  - $

**Total**

$  

### Spouse’s GROSS Income Information

<table>
<thead>
<tr>
<th>List all Employer(s):</th>
<th>Last Date Employed:</th>
<th>From January 1, 2014 Until Today</th>
<th>From Today Until December 31, 2014</th>
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<td>Anticipated Employment</td>
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</tr>
</tbody>
</table>

- **Self Employment Income (Explain how figures determined)**
  - $  
  - $

- **Unemployment Benefits (If none, enter '0')**
  - $  
  - $

- **Withdrawals from Retirement Funds (If none, enter '0')**
  - $  
  - $

- **Severance Pay (If none, enter '0')**
  - $  
  - $

- **Social Security Benefits for all family members (If none, enter '0')**
  - $  
  - $

- **Aid To Families W/ Dependent Children (AFDC) (If none, enter '0')**
  - $  
  - $

- **Child Support Received (If none, enter '0')**
  - $  
  - $

- **Child Support Paid (If none, enter '0')**
  - $  
  - $

- **Untaxed Housing Allowance Pd To Military/Clergy (If none, enter '0')**
  - $  
  - $

- **Veteran’s Non-Educational Benefits (If none, enter '0')**
  - $  
  - $

- **Other (If none, enter '0')**
  - $  
  - $

**Total**

$  

S:\FINAID\FORMS\2014-2015\Online Forms Available to Student Population\14-15 CIC Independent Student.doc
Section D: Certification

Student / Spouse certify that all of the information provided is true and complete and accurate. Student / Spouse agree to provide all documentation requested by the Office of Financial Aid. Student / Spouse understand that purposely giving false or misleading information may lead to being fined, sent to prison, or both.

Student’s Signature _______________________________ Date __________________________
Spouse’s Signature _______________________________ Date __________________________

PLEASE ALLOW ATLEAST TWO WEEKS TO PROCESS.

Return this form with any attachments to:
Office of Financial Aid, Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211
or Fax (214)333-5586 or save and attach as PDF and email to finaid@dbu.edu

Office of Financial Aid Use Only:

Old: ISIR No _____________ EFC _____________

Professional Judgment

Date Changes Submitted _____________

New: ISIR No _____________ EFC _____________

Action taken ___________________ FAA Signature _________________________ Date __________________________

Action taken ___________________ FAA Signature _________________________ Date __________________________

Comments _________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

☐ Packaging worksheet taken to counselor ☐ Decision letter sent