Purpose:
Parents, the purpose of this form is to allow you to explain an unusual or change in circumstance situation that may have caused you to have a reduction in your 2014 income as compared to your 2013 income and is affecting your ability to finance your child’s education 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:
• Change in Circumstance Form and supporting documentation. (This form)
• 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.

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

Documentation Required:
Failure to supply all documentation will delay processing and/or result in denial of request.
- Proof of situation causing financial hardship. (Termination letter, divorce documentation, death certificate etc.)
- A copy of student and parent 2013 Federal IRS Tax Return Transcript, and W-2’s used to complete this return. IRS Tax Return Transcripts may be requested by calling 800-908-9946.
- Must include all W-2’s used to complete the return.
- If student did not file a 2013 Federal Income tax return for 2013 INITIAL HERE __________.
- 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 Dependent Student (IVF) at www.dbu.edu/financialaid/ and select the correct form
- If this request is being submitted after November 1st, 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 meets 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 circumstance. Be concise. Please indicate the date when the situation you are describing occurred or began. Be sure to provide proof of the special situation. Month/Day/Year _____/____/_____

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(If needed, attach additional page.)

Section C: Parent 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.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
**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.

### Mother's GROSS Income Information

<table>
<thead>
<tr>
<th>From January 1, 2014</th>
<th>From <em><strong>/</strong></em>/___ today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Until <em><strong>/</strong></em>/___ today</td>
<td>Until December 31, 2014</td>
</tr>
</tbody>
</table>

- **List all Employer(s):**
- **Last Date Employed:** $\_
- **Anticipated Employment:** $\_
- **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:** $\_

### Father's GROSS Income Information

<table>
<thead>
<tr>
<th>From January 1, 2014</th>
<th>From <em><strong>/</strong></em>/___ today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Until <em><strong>/</strong></em>/___ today</td>
<td>Until December 31, 2014</td>
</tr>
</tbody>
</table>

- **List all Employer(s):**
- **Last Date Employed:** $\_
- **Anticipated Employment:** $\_
- **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:** $\_

**SSN:** ___-___-____
Section D: Certification

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

Student’s Signature ____________________________ Date ________________
Parent’s Signature ____________________________ Date ________________

PLEASE ALLOW AT LEAST 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:

☐ 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