Office of Financial Aid Student Request for Change of Circumstance Loss of Income 2020-2021

☐ Copy of signed 2019 Tax Return

 $\hfill\Box$ Completed 2020-2021 FAFSA based on 2018 Annual Year income on file at GC.



STUDENT INFORMATION				
Student Name:	Student 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, mitigating 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 2019-2020 that grossly underestimated 2018 income. Medical expenses other than those claimed as a deduction on your 2018 tax returns. Unusual expenses related to personal living and consumer item expenses. 				
Name of person(s) with loss of income:				
Loss of Income is Reflected during 1/1/20 to Present Documents Required				
 □ Letter stating the last date of employment from previous employer(s) for person with a loss. □ Statement of Benefits from TWC regarding unemployment benefits for person with a loss. □ Two most recent pay check stubs for new or reduced employment. □ Copy of signed 2018 Tax Return <u>OR</u> a signed and dated Non-Filing Statement. □ Copies of <u>ALL</u> 2018 W2's for tax payers listed on the tax return <u>OR</u> 2018 Wage & Income Statement for person with loss of income. □ Completed 2020-2021 FAFSA based on 2018 Annual Year income on file at GC. 				
I are of It as my O	ad Datwaar 1/1/2010 12/21/2010			
Loss of Income Occured Between 1/1/2019-12/31/2019 Documents Required				

EMPLOYMENT RECORD						
Include employment lost to current employment for person with loss						
Employer:		Start Date:		nd Date:		
Employer:		Start Date:		nd Date:		
		Start Date:		nd Date:		
Employer:						
Employer:	\$	Start Date:	E	nd Date:		
EXPLANATION OF CHANGES						
Provide a clear explanation of the changes affecting your household income. If needed, attach an additional sheet.						
		NATURE				
I understand in applying for a change of	circumstance:					
➤ Additional documentation may be requested.						
 Process may take 2-3 weeks. 						
Incomplete requests will not be pro	ocessed.					
By signing this form, I agree to provide information that will verify the accuracy of my situation. If I purposely give false or						
misleading information, I understand I will be referred to the Department of Education Inspector General. If I purposely give false or misleading information in order to qualify for Title IV funds, I understand I may be fined \$20,000, sent to prison or						
both.						
Student Printed Name:	Student Signature	»:		Date:		
FINANCIAL AID OFFICE USE ONLY						
SAP: Good / AP / Warn / Susp.	EFC		COA: 4.5	/ 9 / 12		
Independent / Dependent: Docs C	omplete: Y / N	FAO:		Date:		

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