## Office of Financial Aid

## **Change of Circumstance Loss of Income 2023-2024**

Application to adjust income on FAFSA due to loss or reduction



| STUDENT INFORMATION  |                          |  |  |  |
|--|--------------------------|--|--|--|
| Student Name:  | Student ID:              |  |  |  |
| Student Address:   | Student Date of Birth:   |  |  |  |
| City, State, Zip:  | Student Email:           |  |  |  |
| Student Phone:   | Student Alternate Phone: |  |  |  |
| INELIGIBILIT   | Y INFORMATION            |  |  |  |
| 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 2022-2023 that grossly underestimated 2021 income.  > Medical expenses claimed as a deduction on your 2021 tax returns.  > Unusual expenses related to personal living and consumer item expenses.   |                          |  |  |  |
|  |                          |  |  |  |
| RELATIONSHIP  Full name of person(s) with loss of income:  |                          |  |  |  |
| Relationship (check all that apply): ☐ Self (Student) ☐ Spouse ☐ Parent ☐ Step-Parent  |                          |  |  |  |
| Alternative D  | ocumentation             |  |  |  |
| If you have already filed taxes for 2022 or 2023, and your Adjusted Gross Income (AGI) was less than it was in 2021, you may supply a signed copy of your taxes for that year instead of the following documentation. If not, documents required are listed below.   |                          |  |  |  |
|  |                          |  |  |  |
| REQUIRED   | DOCUMENTS                |  |  |  |
| <ol> <li>Completed Current Year FAFSA based on 2021 annual year income on file at Grayson College.</li> <li>A signed copy of 2021 Tax Return or IRS Tax Return Transcript if IRS Data Retrieval Tool was not used.</li> <li>A letter stating the last date of employment, or beginning date of work hour reduction, from previous/current employer(s), on company letterhead, for person with loss of income.</li> <li>The 2021 W-2(s) or 1099(s) from job(s) with income loss.</li> <li>Is person with income loss currently working?</li> <li>Yes</li> </ol> |                          |  |  |  |
| <ul> <li>If yes – go to step 6. If no – go to step 7.</li> <li>6. Two most recent paycheck stubs for new employment.</li> <li>7. Are you currently receiving Unemployment Benefit.</li> <li>☐ Yes</li> <li>☐ No</li> <li>If yes – go to step 8. If no – go to step 9.</li> </ul>   | s?                       |  |  |  |
| <ul><li>8. Statement of Benefits from TWC regarding unemployment benefits for person with loss.</li><li>9. Fill out employment record and explanation of changes below.</li></ul>  |                          |  |  |  |

| EMPLOYMENT RECORD  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| Include previous employer as well as curre   | nt employer (if applicable) for per   | rson with loss:                           |  |  |  |  |
| Employer:  | Start Date:   | End Date:                                 |  |  |  |  |
| Employer:  | Start Date:   | End Date:                                 |  |  |  |  |
| Employer:  | Start Date:   | End Date:                                 |  |  |  |  |
| EXPLANATION OF CHANGES   |   |   |  |  |  |  |
| Provide an explanation of the changes affective and the changes affect |   |   |  |  |  |  |
| Trovide an explanation of the changes are  | eting your nousehold meome. If h  | ecucu, attach an additional page.         |  |  |  |  |
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|  | SIGNATURE   |   |  |  |  |  |
| I understand when applying for a change of Additional documentation may be required Process may take 2-3 weeks.  Incomplete requests will not be process.  By signing this form, I agree to provide infealse or misleading information, I understated I purposely give false or misleading information.  | f circumstance: uested. ssed. ormation that will verify the accur and I will be referred to the Depar | rtment of Education Inspector General. If |  |  |  |  |
| \$20,000, sent to prison, or both.   | G4 1 4 G'   | D.  |  |  |  |  |
| Student Printed Name:  | <b>Student Signature:</b>   | Date:                                     |  |  |  |  |
|  |   | I   |  |  |  |  |

| FINANCIAL AID OFFICE USE ONLY |                         |                      |                 |  |
|-------------------------------|-------------------------|----------------------|-----------------|--|
| COA: 4.5 / 9 / 12             | EFC:                    | Awards:              | Unmet Need:     |  |
| SAP: Good / AP / Warn / Susp. | Independent / Dependent | Docs Complete: Y / N | Approved: Y / N |  |
| Letter Sent:                  | FAO:                    |                      | Date:           |  |

Send forms to: Grayson College Financial Aid Office • 6101 Grayson Drive, Denison, TX 75020-8299 Email forms to: <a href="mailto:financialaid@grayson.edu">financialaid@grayson.edu</a> • Fax forms to: 903.463.3908

Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.