



2022-23 Change in Financial Circumstances- Decreased Income/Unemployment

Student's Name: _____ Student ID: _____

Please use this form to notify our office of major changes in financial status since you filed the **2022-23 Free Application for Federal Student Aid (FAFSA)**. To determine if any adjustments can be made to your financial aid file, please complete all information and submit all requested documentation.

Change of Employment: A family member who worked in **2020** is now unemployed, has taken a lesser paying job or is working decreased hours in **2022**.

- Which family member's job situation has changed? _____
- Date family member's employment situation changed: _____
- Family member's actual **2022 YTD earnings as of today:** _____
- Family member's **estimated income today through December 31, 2022:** _____
- Family member's unemployment compensation: _____
- We will estimate any other income based on your **2020** federal tax return. Please indicate if any other income listed on your **2020** tax transcript will change significantly from **2020 to 2022**.

Documentation Requirements:

- Submit a copy of the most recent pay stub for the family member whose situation has changed, or a letter from their employer(s) verifying the situation and total wages to be earned in **2022**.
- If unemployed, submit a copy of the final pay stub and a copy of unemployment benefits and severance paperwork, if applicable.

Briefly describe the situation here:

Please submit the documentation listed below to the Office of Financial Aid, if not already on file.

- * Please complete the IRS Data Retrieval process on the FAFSA or submit an official IRS **2020** Tax Return or Transcript
- * 2022-23 Institutional Verification Form: <http://northcentralcollege.edu/financial-aid/forms>
- * Signed copy of parent **2020** federal tax return
- * Copies of Parents' **2020** W2 forms, and if self-employed, Schedule C or Schedule SE
- * Copies of Student's **2020** W2 forms, and if self-employed, Schedule C or Schedule SE

I declare that the information reported on this form is true, correct, and complete. I agree to provide, if requested, any other official documentation necessary to verify information reported.

Signature

(Original Signature Required)

Date