



2009-2010
Guidelines for Requesting a
Change in Circumstance for an Independent Student

SSN: _____

CIC-Independent Student

09/10

Guidelines:

As an independent student you are submitting this form because you have encountered circumstances that have severely impacted your financial situation causing a reduction of your income from the 2008 base year income information as reported on your 2009-2010 FAFSA. Please be aware that you cannot request a Change in Circumstance unless the unusual circumstance has already occurred. Information on this form, as well as other supporting documentation, will allow us to make a thorough review of your request. Waivers are only granted after your information has been carefully evaluated, and it has been determined that your request follows federal guidelines. After your request and documentation has been reviewed by the Office of Financial Aid you will be notified of our decision and/or need for additional documentation.

A Change in Circumstance will not be considered for the following situations until the 2009 tax return is available to support your reduction of income:

- 1. Self employment income – Schedule C, 'Profit or Loss from Business' form
2. Rental Real Estate, Royalties, Partnerships, etc – Schedule E, 'Supplemental Income and Loss' form
3. Farm Income – Schedule F, 'Profit or Loss from Farming' form

The student must have filed the 2009-2010 Free Application for Federal Student Aid (FAFSA) before this form is submitted to the Financial Aid Office. Change of Circumstance Requests made after November 1, 2009 will not be accepted until you are also able to submit a signed copy of your 2009 Federal Income Tax Return.

The following are typical examples of circumstances that may be reviewed for change of your financial circumstances.

- Loss or change of employment for at least 60 days
• Separation or divorce
• Death of Spouse or Disability
• Retirement
• Loss of Untaxed Income

No request will be considered unless all of the following documentation is provided:

Proof of situation

Loss of Employment – A copy of your termination notice on company letterhead, or a copy of your resignation letter including last date of employment.

Separation or Divorce – A copy of the Divorce Decree, or legal notice of separation.

Death of Spouse - A copy of death certificate

Retirement or Disability - A statement of retirement; statement of disability notice.

Loss of untaxed income –A copy of notice from appropriate agency that benefits have been terminated.

Other circumstances – Explanation and documentation to support your claim. Example: medical expenses- provide summary of medical expenses indicating how much is paid by insurance and how much is paid by you. Total medical expenses for 2008 must be greater than 11% of your AGI.

- Copy of last pay stub(s) from ALL employers – must show year to date earnings for 2009.
A signed copy of Student's 2008 Federal Income Tax Return and all supporting W-2's. (if married filing separately, include both returns).
For non-tax filers we need copies of W-2s (2008), 1099 Statements (2008) and any other proof of 2008 income.
2009-2010 (IVF) Income Verification Form for Independent Student. (find form at www.dbu.edu/financialaid/forms)

Failure to supply document requested will delay processing. No action will be taken on incomplete files.

You must complete this section. Compute what you will earn for the entire 2009 year. Include all income received from January 1, 2009, until now and estimate the amounts to be received from now until December 31, 2009.

Student's GROSS Income Information		From January 1, 2009 Until Today	From Today Until December 31, 2009
<u>List all Employer(s):</u>	<u>Last Date Employed:</u>		
		\$	\$
		\$	\$
		\$	\$
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		From January 1, 2009 Until Today	From Today Until December 31, 2009
<u>List All Employer(s):</u>	<u>Last Date Employed:</u>		
		\$	\$
		\$	\$
		\$	\$
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		\$	\$

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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 if you purposely giving false or misleading information you may be fined, sent to prison, or both.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Return this form and any requested documents to:

Office of Financial Aid, Dallas Baptist University, 3000 Mountain Creek Parkway, Dallas, TX 75211-9299

SSN: _____ . _____ . _____

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Office of Financial Aid Use Only:

Old: ISIR No _____ EFC _____

New: ISIR No _____ EFC _____

Action taken _____ FAA Signature _____ Date _____

Action taken _____ FAA Signature _____ Date _____

Comments _____
