

OFFICE of FINANCIAL AID
LEHIGH UNIVERSITY

CHANGE of FINANCIAL CIRCUMSTANCES FORM
Academic Year 2008-2009

Request for Reevaluation of Need for: _____
First Name M.I. Last Name

Lehigh ID: _____

This form is being provided because your family has indicated an anticipated change in their financial outlook for the calendar year 2008. The financial aid staff will evaluate this information and if appropriate, recalculate your financial aid eligibility. When using "estimated income" we make a provisional award for the fall term only, with spring re-evaluations done in early November, when we will ask for updated forms and supporting documentation. Your 2008 IRS1040 forms will be used for final verification. We do not advise being conservative in your estimates, since later verification of income could result in reduced/lost eligibility.

I. Please indicate the appropriate reason and the date of your family's change of circumstances.

<u>Reason</u>	<u>Date</u> <i>MM/DD/YYYY</i>
A. () Loss of employment or change in employment status	_____
B. () Loss of earnings due to disability or natural disaster	_____
C. () Loss of untaxed income or benefit	_____
D. () Separation or divorce	_____
E. () Death of parent	_____
F. () Other. Please explain	_____

THIS SECTION MUST BE COMPLETED

II. Please provide a detailed explanation for the circumstance(s) surrounding the reduction in your 2008 family income.

(please complete reverse side)

III. Please estimate family income for the entire year, January 1, 2008 through December 31, 2008 in each area listed below. Use annual amounts in each space. (If none, enter zero.)

Expected 2008 Taxable Income:

G.	Wages, Salaries, Tips	Father/Stepfather:	\$	_____
		Mother/Stepmother:		_____
H.	Pension and Annuities to be received (do not include Rollovers)			_____
I.	Interest and Dividend Income			_____
J.	Business or Farm Income			_____
K.	Capital Gains			_____
L.	Anticipated rental income			_____
M.	Alimony to be received			_____
N.	Unemployment Compensation			_____
O.	Severance Pay (includes unused vacation and/or sick pay)			_____
P.	Social Security Benefits (taxable amount)			_____
Q.	Other Taxable Income (please explain)			_____
TOTAL TAXABLE INCOME (Sum G through Q)				\$ _____

Expected 2008 Untaxed Income and Benefits:

Q.	Social Security Benefits		\$	_____
R.	Public Assistance			_____
S.	Housing Allowance (military, clergy, etc)			_____
T.	Retirement or Disability Benefits			_____
U.	Worker's Compensation			_____
V.	Payment to Tax-Deferred Pension/Savings Plans (paid directly or withheld from earnings) - include 401k and 403b			_____
W.	Untaxed Portion of Pension and Annuities			_____
X.	Untaxed Income earned in a Foreign Country			_____
Y.	Child Support Received			_____
Z.	Other Untaxed income (please explain)			_____
TOTAL UNTAXED INCOME (Sum Q through Z)				\$ _____

IV. I certify that the information listed above is true and correct to the best of my knowledge and belief. I further acknowledge that I understand that the final reconciliation of this year's award will be based on a review of our 2008 IRS 1040, which may result in a reduction in any award received should the final reporting of family income be greater than this estimate.

Parent's Signature: _____ Date: _____

After completing Sections I, II, III and IV, return this form to:

Office of Financial Aid, Lehigh University, 218 W. Packer Avenue, Bethlehem, PA 18015
Telephone: 610-758-3181 Fax: 610-758-6211