



LEHIGH UNIVERSITY®

2025-2026 Change of Financial Circumstances Form

Your family has indicated an anticipated change in their financial outlook for the calendar year 2025. *If your change in financial circumstances occurred in 2024, please contact our office for the "Appeal for Additional Aid" form and submit a copy of your 2024 federal tax information.*

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 2025 Federal tax 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.**

Typically, a change in employment must be at least three months past in order to be considered. A request for review of these special circumstances will include reconsideration of the entire financial aid application and possible request for additional information. **In some cases, aid eligibility may decrease based on this review.**

Student Name: _____ **Lehigh Identification Number (LIN):** _____

Email Address: _____ **Date of Birth:** _____

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

Reason(s) (Check all that apply):

Date: (MM/DD/YYYY)

- Loss of employment or change in employment status**
- Loss of earnings due to disability or natural disaster
- Loss of untaxed income or benefit
- Other. Please explain:

** Please provide the following documentation if your change in financial outlook is due to loss of employment or change in employment status:

- Letter from your employer designating the termination date, final pay date, and severance information
- Final paystub from your employer
- Current unemployment benefit notification
- Current quarterly business statement, if self employed
- Completed 2023 and 2024 federal tax returns (if not previously submitted)

A review of your estimated income cannot be completed until all information is received. Additional aid is based on fund availability and submission date of this form.

2.) Please attach a detailed letter explaining the circumstance(s) resulting in the reduction in your family income.

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3.) Please estimate the annual income your family will receive in 2025 from each source listed below.

Expected 2025 Taxable Income and Benefits:

Gross Wages, Salaries, & Tips:	Parent 1: \$ _____ /YR
	Parent 2: \$ _____ /YR
Pension and Annuities to be Received (Exclude Rollovers):	\$ _____ /YR
Interest and Dividend Income:	\$ _____ /YR
Business or Farm Income:	\$ _____ /YR
Capital Gains:	\$ _____ /YR
Anticipated Rental Income:	\$ _____ /YR
Alimony to be Received:	\$ _____ /YR
Unemployment Compensation:	\$ _____ /YR
Severance Pay (Includes unused vacation and/or sick pay):	\$ _____ /YR
Social Security Benefits (Taxable Amount):	\$ _____ /YR
Other Taxable Income (Please explain):	\$ _____ /YR
<u>Total Taxable Income</u>	\$ _____ /YR

Expected 2025 Untaxed Income and Benefits:

Social Security Benefits:	\$ _____ /YR
Public Assistance:	\$ _____ /YR
Housing Allowance (Military, Clergy, Etc.):	\$ _____ /YR
Retirement or Disability Benefits:	\$ _____ /YR
Worker's Compensation:	\$ _____ /YR
Payment to Tax-Deferred Pension/Savings Plans (Paid directly or withheld from earnings) Include 401k and 403b plans:	\$ _____ /YR
Untaxed Portion of Pension and Annuities:	\$ _____ /YR
Untaxed Income Earned in a Foreign Country:	\$ _____ /YR
Child Support Received:	\$ _____ /YR
Other Untaxed Income (Please explain):	\$ _____ /YR
<u>Total Untaxed Income:</u>	\$ _____ /YR

4.) 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 2025 federal tax forms, 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: _____ Please submit to

Lehigh University's Office of Financial Aid via the
go.lehigh.edu/finaidcenter, by mail, or by fax (610)758-6211.
 You may also contact our office at (610)758-3181 or financialaid@lehigh.edu