



LEHIGH UNIVERSITY®

2014-2015 CHANGE of FINANCIAL CIRCUMSTANCES FORM

Mid-Year Update

This form is provided for use by families whose financial circumstances were reported to have changed, and whose financial aid eligibility was based on an estimated 2014 income stated on the previously submitted change of financial circumstances form. **By completing this form, we can better estimate what your family's actual 2014 income will be. All students whose aid eligibility was determined by estimated income must complete this form.**

Student Name: _____ LIN: _____

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)

- 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. ☐ 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:

- Most recent pay stub.
- Most recent unemployment benefits notification.
- Current Quarterly business statement, if self-employed.

A review of your estimated income cannot be completed until all information is received. Timing of submission and additional aid is based on fund availability. Spring semester aid will NOT be awarded until form is completed.

2.) Please attach a detailed letter providing any additional information that may not have been previously disclosed or considered in the original review of the student's financial aid eligibility.

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3.) Please estimate the annual income your family will receive in 2014 from each source listed below.

Expected 2014 Taxable Income and Benefits:

Wages, Salaries, & Tips:	Father/Stepfather:	\$	/ YR
	Mother/Stepmother:	\$	/ 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
Total Taxable Income:		\$	/ YR

Expected 2014 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
Total Untaxed Income:		\$	/ 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 2014 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: _____

Please submit to Lehigh University's Office of Financial Aid
Via Fax: (610) 758-6211 or Dropbox at www.lehigh.edu/financialaid