



LEHIGH UNIVERSITY®

2015-2016 Change of Financial Circumstances Form

This form is being provided because your family has indicated an anticipated change in their financial outlook for the calendar year 2015. 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 2015 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.**

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: _____ **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:

- 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 2014 tax return (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 2015 family income.

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3.) Please estimate the annual income your family will receive in 2015 from each source listed below.

Expected 2015 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 2015 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 2015 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 the Lehigh University Office of Financial Aid
 Via Fax: (610) 758-6211, LU FileSender at www.lehigh.edu/financialaid, or Email: inemesc@lehigh.edu
 You may also contact our office at (610)758-3181 or financialaid@lehigh.edu