



2020-2021 Change in Family Circumstances Form

Student's Name: _____ USciences ID: _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS FORM:

- 1) A copy of your and your parents' (or your and your spouse's if independent) 2018 Signed Federal Tax Return.
- 2) 2020-2021 V1 Verification Worksheet completed and signed. The form is available at www.usciences.edu/financialaid
- 3) A copy of your and your parents' (or your and your spouse's) signed 2019 Federal Tax Return and W-2 Forms.

DO NOT complete this form if you have voluntarily left your place of employment, have had a loss or reduction of uncontrollable overtime, or were unemployed during the year but are currently working.

Circle the letter below that best represents your change in circumstance, and complete all questions.

A) Unemployed

Name of unemployed person: _____
Date of unemployment: _____
Date unemployment benefits began: _____
Is the person receiving severance pay? Yes _____ NO _____
If yes, enter gross weekly amount: \$ _____
Gross lump sum payment received: \$ _____
Date severance pay began: _____
Date severance pay will terminate: _____

Additional documents you MUST provide to our office:

- 1) Letter of termination.
- 2) Copy of last paystub in 2020 and/or 2019 demonstrating year to date income.
- 3) Unemployment benefits determination letter that shows weekly benefit amount or denial of unemployment benefits with explanation.

B) Divorced/Separated

The applicant or the parents have divorced or separated since filing the FAFSA.

Date of divorce or separation: _____
Monthly amount of child support: \$ _____
Monthly amount of alimony: \$ _____
Date payments began or will begin: _____

Additional documents you MUST provide to our office:

If Divorced: Divorce Decree

If Separated: Proof of separate residences (recent utility bill, driver's license, etc.).

C) Disabled (Parent or Spouse)

Name of disabled person: _____
Date of disability: _____
Weekly amount of disability: \$ _____
Date payments began or will begin: _____
Date you will return to work, if applicable: _____
Is the disability permanent? Yes _____ No _____
If yes, monthly amount of your family's social security benefits: \$ _____
Date benefits began or will begin: _____

Additional documents you MUST provide to our office:

- 1) Copy of last pay stub showing year to date income for 2020.
- 2) Proof of weekly/monthly amount of disability, worker's compensation or social security payments.

D) Deceased parent or spouse

Name of deceased: _____
Date of death: _____
Date social security began or will begin: _____
Amount of social security benefits: \$ _____

Additional documents you MUST provide our office:

- 1) Copy of death certificate.
- 2) Documentation of monthly amount of family's social security benefits.

E) Loss of Untaxed Income or Unemployment Benefits

The applicant, the applicant's spouse, or parent received untaxed income or unemployment in 2018 or 2019 but lost this income in 2020.

Name of person who lost benefits: _____
Type of benefits lost (check all that applies):
Child support _____
Social Security Benefits _____
Unemployment Benefits _____
Effective date of termination: _____
Reason benefits were terminated: _____
Total amount to be received in 2020: \$ _____

Additional documents you MUST provide our office:

- 1) Proof of loss of these benefits.

F) Loss of Business Income

Name of business: _____
Type of business: _____
Date business was established: _____
Number of current employees: _____
Name of business owner: _____
Is business a partnership or sole proprietorship? _____

Is another parent in the household employed? _____
What was the net business income in 2018? _____
What was the net business income in 2019? _____
What is the 2020 quarterly income (actual or projected):
Quarter 1 (January-March) \$ _____
Quarter 2 (April - June) \$ _____
Quarter 3 (July - September) \$ _____
Quarter 4 (October - December) \$ _____

Additional documents you MUST provide to our office:

- 1) 2018 1040 with all schedules, W-2s and 1099s
- 2) 2019 1040 with all schedules if filed. If not yet filed, submit profit/loss statement for business, W-2s and 1099s
- 3) Additional documentation may be requested

Please use the additional lines for further information or comments:

Certification and Authorization

I (we) declare that the information reported on this form is true, accurate and complete. I (we) authorize University of the Sciences Financial Aid Office to release the information reported on this form to any agencies designated as authorized recipients on the Free Application for Federal Student Aid (FAFSA) for the purpose of calculation of eligibility for federal financial aid. I (we) agree to provide, if requested, any other official documentation necessary to verify information reported. I (we) understand that incomplete or missing documents or forms may result in a delay of processing.

Student's signature

Date

Student's spouse's signature

Date

Parent 1's signature

Date

Parent 2's signature

Date

Student's phone number: _____

Student's email address: _____

Parent's phone number: _____

Parent's email address: _____

UPLOAD DOCUMENTS TO: uscience.sharefile.com/filedrop

Link to the Filedrop is available on the "financial aid forms" page at uscience.edu/financialaid

Questions? Contact us!

financialaid@uscience.edu or 215-596-8894.