



2011-2012
Change in Circumstances Guidelines and Instructions
Parent Request

Student Name: _____

SSN: _____

Purpose:

Parents, the purpose of this form is to allow you to explain an unusual circumstance that may have caused you to have a reduction of your 2011 income compared to your 2010 income that is effecting your ability to finance your education here at DBU.

When to Submit:

You can request a Change in Circumstance only after the unusual circumstance has already occurred.

Applications Required:

- FAFSA (Free Application for Federal Student Aid) must have been filed and processed with the government for the 2011-2012 year before the Change in Circumstance Form is submitted to the Office of Financial Aid.
Change in Circumstance Form and supporting documentation.

Examples of Circumstances and Supporting Documentation:

Common situations that cause financial hardships.

- Loss or Change in employment for at least 60 days (termination notice, resignation letter or company letter explaining employment change)
Divorced or Separation (divorce decree or proof of permanent separation)
Death of Spouse (death certificate)
Retirement or Disability of yourself or spouse (company retirement letter or disability statement)
Loss of untaxed income (notice from appropriate agency that benefit has been terminated)

Documentation Required:

Failure to supply this documentation will delay processing.

- Proof of situation causing financial hardship.
A signed copy of student's and parent's 2010 Federal Income Tax Return(s). Must include all W-2's used to complete this return.
If student did not file a tax return for 2010 INITIAL HERE _____.
If you did not file a 2010 Federal Income Tax Return, explain why. Provide proof of income (W's, 1099 Misc Income Statements and 1099 Retirement Statements)
Copy of last pay stub(s) from all of your employers - must show 2011 year to date earnings.
If married, copy of last pay stub(s) from all of your spouse's employers - must show 2011 year-to-date earnings to date.
2011-2012 Income Verification Form for Dependent Student (IVF) at www.dbu.edu/financialaid/
If this request is being submitted after November 1st, 2011, provide a copy of your 2011 Federal Income Tax Return.

Notification:

The Office of Financial Aid will send a written notification of our decision. A waiver or adjustments to your application for assistance are only granted after your information has been evaluated, and it has been determined that your request follows federal guidelines.

No action will be taken until all required documentation is received.

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SSN: _____

Mother's GROSS Income Information		From January 1, 2011 Until Today	From Today Until December 31, 2011
<u>List all Employer(s):</u>	<u>Last Date Employed:</u>		
		\$	\$
		\$	\$
		\$	\$
<u>Anticipated Employment</u>		\$	\$
Self Employment Income (Explain how figures determined)		\$	\$
Unemployment Benefits (If none, enter '0')		\$	\$
Withdrawals from Retirement Funds (If none, enter '0')		\$	\$
Severance Pay (If none, enter '0')		\$	\$
Social Security Benefits for all family members (If none, enter '0')		\$	\$
Aid To Families W/ Dependent Children (AFDC) (If none, enter '0')		\$	\$
Child Support Received (If none, enter '0')		\$	\$
Child Support Paid (If none, enter '0')		\$	\$
Untaxed Housing Allowance Pd To Military/Clergy (If none, enter '0')		\$	\$
Veteran's Non-Educational Benefits (If none, enter '0')		\$	\$
Other (If none, enter '0')		\$	\$
Total		\$	\$
Father's GROSS Income Information		From January 1, 2011 Until Today	From Today Until December 31, 2011
<u>List all Employer(s):</u>	<u>Last Date Employed:</u>		
		\$	\$
		\$	\$
		\$	\$
<u>Anticipated Employment</u>		\$	\$
Self Employment Income (Explain how figures determined)		\$	\$
Unemployment Benefits (If none, enter '0')		\$	\$
Withdrawals from Retirement Funds (If none, enter '0')		\$	\$
Severance Pay (If none, enter '0')		\$	\$
Social Security Benefits for all family members (If none, enter '0')		\$	\$
Aid To Families W/ Dependent Children (AFDC) (If none, enter '0')		\$	\$
Child Support Received (If none, enter '0')		\$	\$
Child Support Paid (If none, enter '0')		\$	\$
Untaxed Housing Allowance Pd To Military/Clergy (If none, enter '0')		\$	\$
Veteran's Non-Educational Benefits (If none, enter '0')		\$	\$
Other (If none, enter '0')		\$	\$
Total		\$	\$

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Section D: Certification

Student / Parent certify that all of the information provided is true and complete and accurate.
Student / Parent agree to provide all documentation requested by the Office of Financial Aid.
Student / Parent if you purposely giving false or misleading information you may be fined, sent to prison, or both.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Return this form and any requested documents to:

Office of Financial Aid, Dallas Baptist University, 3000 Mountain Creek Parkway, Dallas, TX 75211-9299

SSN: _____

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Office of Financial Aid Use Only:

Old: ISIR No _____ EFC _____

New: ISIR No _____ EFC _____

Action taken _____ FAA Signature _____ Date _____

Action taken _____ FAA Signature _____ Date _____

Comments _____

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