



Phone: 206.281.2061 Email: sfs-forms@spu.edu

2025-2026 Change in Financial Circumstances Form

Requests can be submitted to the Student Financial Services office once you have received your award for 2025-26

Cturd and Names			CDLL #	·		
Email:		P	hone #:			
special circumsta financial data cor income due to students and the benefit you, ple documentation with accordance with final. Any change	nces may qualify for responding to either market losses or cre ir families that have exase provide us with rill result in a delay on the federal regulations, so to financial aid awa me frame may vary delay or responding to the federal regulations, and the federal regulations are the federal regulations and the federal regulations are the federal regulations and the federal regulations are the federal regulations are the federal regulations and the federal regulations are the federal regulations are the federal regulations and the federal regulations are the federal regulations are the federal regulations are the federal regulations and the federal regulations are the federal regulations and the federal regulations are the federal regulatio	the 2024 tax year dit payments due texperienced involuntate the required door denial of your requested will be contingent pending on the time of	of financial need or the 2025-26 sto consumer deboary reductions in incumentation. Parest. The discretion of the ton the type of the year and volumentation.	income and resources. In some cases, d. This re-evaluation is performed using academic year. We cannot decrease your t. Recalculations are usually reserved for income. If you feel that a recalculation will rtially filled out forms, or incomplete the Student Financial Services office and are funds available. Allow up to 4-6 weeks for time of requests our office receives.	r r II	
SUPPORTING DOCUMENTATION IS REQUIRED.						
Section 1:	Was this due to a ch	ange in income?	Yes N	lo		
Who had a change in income? ☐ Student ☐ Parent 1 (father/mother/stepparent) ☐ Student's Spouse ☐ Parent 2 (father/mother/stepparent)						
Section 2:	Complete this secti	on if there was a ch	ange in income i	n Section 1.		
Reason:						
Section 3:	Are you asking to co	onsider other expen	_	No		
☐ Unexpected Medical Expenses ☐ Other () ☐ K-12 Private School Tuition						
Section 4:	Submit Required d	ocumentation and (Correctly Select t	the Year Affected in Sections 5 or 6		
Letter of explanation. In your words, explain in detail the reason(s) for the reduction in income. Be specific, use names, dates and dollar amounts whenever possible. Please note: Recalculations are usually reserved for students and their families that have experienced involuntary reductions in income.						
Proof of situation. Submit documentation to verify the selections above. Examples include, but are not limited to: the most recent pay stubs for yearly income, verification of untaxed income, unemployment benefits termination notice, retirement or layoff notice, physician's disability statement, divorce decree, social security benefit termination notice, death certificate, explanation of benefits, K-12 tuition statements, etc.						

<u>Tax documentation</u>. Submit 2024 Tax Return Transcript from IRS or signed copy of 2024 Tax Return.

Section 5 & 6- Complete for the Tax Year 2024 **OR** Calendar Year 2025, whichever year your financial circumstances changes.

Section 5:	Income Information: (For person selected in Section 1) Enter the Income information for the year selected.				
Year Affected: Is the change of financial circumstance for the 2024 tax year or current year? *must select one for the review		Jan. 1 – Dec. 31, Jan. 1 -Dec. 31, 2024 2025			
Income earned from work (+ estimated income if applicable) – <u>Gross</u> wages, tips, etc.		\$			
Unemployment Be	nefits	\$			
Other Taxable Income – Examples include: interest, dividends, alimony, capital gains, rental income, taxable Social Security, etc.		\$			
Child Support Rece	ived	\$			
Other Non-Taxable Income – Examples include: workers compensation, disability, pensions, cash received or money paid on your behalf, etc.		\$			
Severance Pay		\$			
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Section 6:	Who paid the other expenses selected in Section 3 (if Student Spouse Parent 1 Parent 2				
Year Affected: Is the change of financial circumstances for expenses paid in the 2024 tax year or the current year? *must select one for the review		Jan. 1 – Dec. 31, 2024 2025 2025 2024 2025			
Medical		\$			
Private Tuition K-12		\$			
Other		\$			
Certification Statement					
I understand that: 1) appeals for income re-evaluation may take up to 4-6 weeks to review and process; 2) my appeal will not be processed if all required documentation is not provided; 3) schools are not required to reevaluate financial aid eligibility based on a reduction of income including unemployment income received; 5) I agree to report any increase in estimated income or resources; and 6) if I purposefully provide false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to \$20,000, imprisonment, or both.					
Student Signature:		Date:			
Spouse (if applicable)	Parent Signature:	Date:			