

Student Name: \_\_\_\_\_

**Purpose:**

The purpose of this form is to allow you, the parents of a DEPENDENT STUDENT, to explain a change in circumstances that may have caused your family to have a significant change in current income or resources and will affect your ability to provide for your student's educational expenses during the 2021-2022 academic year. These circumstances are normally caused by a significant and extended loss of income or increase in expenses; however, other situations may also be affecting your ability to pay these educational expenses now, compared to the information that you reported on your 2021-2022 *Free Application for Federal Student Aid* (FAFSA), which was based on 2019 tax year income information.

**When to Submit:**

You may request a Change in Circumstance no earlier than 60 days after the situation that caused the change occurred.

**Applications Required:**

- The **Free Application for Federal Student Aid (FAFSA)** must have been filed and processed for the 2021-2022 year before the Change in Circumstance Form is submitted to the Office of Financial Aid. Go to <https://studentaid.gov>.
- Students that are residents of Texas and would like to be considered for Texas grants or loans must complete the [Texas Residency Determination Form](#).
- This **Change in Circumstance Form** and all required supporting documentation.

**Examples of Change in Circumstance Situations and Required Supporting Documentation:**

Common situations that cause financial hardships, with examples of required documentation, are listed below:

- **Employment change.** Loss of or change in employment income of the parent or student. Please include a copy of termination notice, resignation letter, or company letter explaining employment change.
- **Divorce/Separation.** Please provide a copy of divorce decree or proof of permanent separation (separate address on rental agreement, utility bill, or other documentation of separation).
- **Death of an income-earning parent.** Please provide a copy of the death certificate and an explanation of the situation.
- **Retirement/Disability of parent.** Please provide a copy of company retirement letter or disability statement.
- **Loss of or change in untaxed income.** Please provide notice from the appropriate entity that the benefit has been discontinued.
- **A substantial increase in medical expenses for a family member.** Provide documentation of the charge and payment of these medical expenses by providing copies of medical statements, canceled checks, credit card statements, etc.

**Documentation Required:**

- A typed or legible handwritten detailed explanation of the circumstances that have caused the change in ability to pay for educational expenses.
- Proof of the situation that is causing financial hardship. (Termination letter, divorce documentation, death certificate etc.)
- A copy of the parent and student 2019 Federal **IRS Tax Return Transcripts** and W-2's used to complete this return. **IRS Tax Return Transcripts** may be requested by calling the Internal Revenue Service at 800-908-9946.
- If the STUDENT did not file a 2019 Federal Income Tax Return, provide an explanation why. If the PARENT did not file, provide an explanation why and complete the corresponding year *Budget and Low Income Form* found on our website at [www.dbu.edu/financialaid/](http://www.dbu.edu/financialaid/).
- If currently employed, the parent and student should provide copies of the three (3) most recent pay stubs from all current employers. These must show year to date earnings. If not employed, provide documentation to substantiate how you are meeting living expenses using the *Budget and Low Income Form* found on the Financial Aid website.
- Complete the corresponding year *Income Verification Form for Dependent Student* (IVF) at [www.dbu.edu/financialaid/](http://www.dbu.edu/financialaid/). Please be sure to select the correct year and form for dependent students.
- If parent(s) is collecting unemployment, provide a copy of the most recent unemployment compensation summary.
- If this request is being submitted after April 1, 2021, provide a copy of your 2020 Federal Income Tax Return Transcript.

**Notification:**

Failure to supply all documentation will delay processing and/or result in the denial of your request. The Office of Financial Aid will evaluate your request using current federal guidelines related to professional judgment requests, and we will send a written notification of approval or denial of your request within three (3) weeks of receiving all required documentation. If approved, an adjustment to your FAFSA will be made online by DBU Financial Aid Staff, and the student will receive an updated Student Aid Report from the Department of Education.

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

**Section A: Student and Parent Information (complete ALL information)**

Student Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Section B: Explanation of Special Circumstance**

Please provide a typed or legible handwritten statement on a separate page describing the situation that has caused the reduction of income, increased expenses, or other change in circumstances. Be concise. Be sure to include the date the situation occurred or began and provide all requested documentation from the list above. Please sign this page.

**Section C: Parent Employment and Estimated Current Income**

The following section requires you, the parent(s), to provide documentation for your current or expected income. If any of the following applies to you, the parent (and if married, the parent's spouse), please provide the corresponding documentation:

- If currently employed, please provide your three most recent pay stubs.
- If currently receiving unemployment benefits, please provide your most recent statement of benefits.
- If currently receiving child support payments, please provide your most recent statement showing the amounts received and frequency of payment.
- If you anticipate receiving any other type of income such as an IRA distribution, please provide documentation to support the amount and frequency of payment.
- Depending on the situation, other documentation may be required. Please contact our office with any questions about what to provide.

**Section D: Certification**

- I certify that all the information provided in this application and supporting documentation is true, complete, and accurate to the best of my knowledge.
- I agree to provide all documentation requested by the Office of Financial Aid and understand that failure to provide needed documentation in a timely manner will delay my application.
- I understand that purposely giving false or misleading information may lead to being fined, sent to prison, or both.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this completed form with any attachments to:**  
 Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211  
 Please scan, attach and email to [finaid@dbu.edu](mailto:finaid@dbu.edu) or fax (214)-333-5586

**PLEASE ALLOW AT LEAST THREE (3) WEEKS TO PROCESS FROM THE TIME ALL REQUIRED DOCUMENTATION IS RECEIVED**

**THIS PAGE FOR DBU OFFICE OF FINANCIAL AID USE ONLY:**

Student ID: \_\_\_\_\_

CIC PERIOD REVIEWED: \_\_\_\_\_

<b>NEW INFORMATION</b> AGI: _____ Parent 1 Income: _____ Parent 2 Income: _____ Stu Income: _____ Tax Paid: _____
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**Office of Financial Aid Use Only:**

Old: ISIR No \_\_\_\_\_ EFC \_\_\_\_\_

Professional Judgment

New: ISIR No \_\_\_\_\_ EFC \_\_\_\_\_

Date Changes Submitted \_\_\_\_\_

Action taken \_\_\_\_\_ FAA Signature \_\_\_\_\_ Date \_\_\_\_\_

Action taken \_\_\_\_\_ Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Packaging worksheet taken to counselor  Decision letter sent