## University of Illinois Springfield - Office of Financial Assistance

One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 https://www.uis.edu/financialaid/

# 2022-2023 Change of Financial Situation - Independent Student

If yours or your spouse's financial situation has changed from what was reported on the 2022-2023 Free Application for Federal Student Aid (FAFSA), use this form to request an evaluation of your financial aid eligibility. This form is meant to be a one-time form, not one that is completed every year, except in special circumstances. Please note, we reserve the right to correct information on the FAFSA, and to select students for verification if we have documents on file for other tax years.

Submission of this form does not guarantee an adjustment to your financial aid.

☐ Write a detailed statement explaining your sit	<b>plete the following ste</b> tuation and the change in yo	•					
☐ Provide supporting documentation that relate	es to the change in financial s	situation.					
☐ Complete <b>Sections A, B, C &amp; D</b> .							
☐ Submit this form to the Office of Financial As	sistance						
Section A - Demographic Information (Please F	Print Clearly)						
Student Name:	Student Pho	Student Phone:					
Student Email:							
Student Address:Number and Street	City	State	Zip Code				
Spouse Name (If Applicable):							
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Section B - Reasons for the Change of Financial Please state the reason for appealing your Financial Please state state the reason for appealing your Financial Please state stat	al Situation	ional pages as needed)	):				
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### Section C - Anticipated Income for 2022

Report all anticipated taxable and nontaxable 2022 income (January 1, 2022 to December 31, 2022).

Taxable Income	Student	Spouse	
Wages/salaries/tips/severance	\$	\$	
Business income (self-employment)	\$	\$	
Other taxable income (i.e., unemployment compensation, social security, taxable pension, taxable 401K, etc.)	\$	\$	
Other taxable income (i.e., unemployment compensation, social security, taxable pension, taxable 401K, etc.)	\$	\$	
Total Taxable Income	\$	\$	
Nontaxable Income	Student	Spouse	
Money received or paid on your behalf (i.e., in kind support) not reported elsewhere on this form. Source of money received:	\$	\$	
Other nontaxable income (i.e., worker's compensation, disability income, untaxed pension, etc.)	\$	\$	
Child Support Received	\$	\$	
Total Nontaxable Income	\$	\$	

**Possible Supporting Documents:** 

Ш	A copy of student's and spouse's (if applicable) signed 2020 IRS Federal Tax Return and IRS Schedules 1, 2, and 3
	A copy of student's and spouse's (if applicable) signed 2021 IRS Federal Tax Return and IRS Schedules 1, 2, and 3
	Copies of all student's and spouse's (if applicable) 2020 and/or 2021 W-2 forms
	Current paystubs with year-to-date earnings

Documentation of a life event, benefits, medical expenditures, and/or employer communication

### Section D - Statement of Certification

I certify that the information provided on this form and any attachments are true and correct. Additionally, it is understood that I must notify The Office of Financial Assistance if the situation outlined in this request changes. If I underestimate my anticipated income, I understand that I may be required to repay previously awarded financial aid. I may also have future Change of Financial Situation requests denied.

Student Signa	ature						Dat	:e
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