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 - Dependent Student

If yours or your parents' 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 situation and	e following ster d the change in you		
☐ Provide supporting documentation that relates to the ch	nange in financial s	situation.	
☐ Complete Sections A, B, C & D.			
☐ Submit this form to the Office of Financial Assistance			
Section A - Demographic Information (Please Print Clear	rly)		
Student Name:	Student Phor		
Student Email:			
Student Address: Number and Street	City	State	Zip Code
Parent/Step-Parent 1 Name:			
Parent/Step-Parent 2 Name:			
Section B - Reasons for the Change of Financial Situatio	n		
Please state the reason for appealing your Financial Sta	tus (attach additi	onal pages as needed)	:
ENTER YOUR 9-DIGIT UIN			
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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	Parent/Step-Parent 1	Parent/Step-Parent 2	Student	
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	Parent/Step-Parent 1	Parent/Step-Parent 2	Student	
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.)	\$	\$	\$	
Other nontaxable income (i.e., worker's compensation, disability income, untaxed pension, etc.)	\$	\$	\$	
Child Support Received	\$	\$	\$	
Total Nontaxable Income	\$	\$	\$	

Possible	Supporting	Documents:
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	A copy of parent's and student's signed 2021 IRS Federal Tax Return and IRS Schedules 1, 2, and 3
	Copies of all student and parent 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 Signature		Date		Parent Signature				Date			
ENTER	YOUR 9-DIGIT UIN	→									
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