# 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/

# 2023-2024 Change of Financial Situation - Dependent Student

If yours or your parents' financial situation has changed from what was reported on the 2023-2024 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.

# Complete the following steps:

□ Write a detailed statement explaining your situation and the change in your financial situation.

Provide supporting documentation that relates to the change in financial situation.

Complete Sections A, B, C & D.

□ Submit this form to the Office of Financial Assistance

#### Section A - Demographic Information (Please Print Clearly)

Student Name:		Student Phor	_ Student Phone:					
Student Email:								
Student Address:	Number and Street	City	State	Zip Code				
Parent/Step-Parent 1 N	lame:							
Parent/Step-Parent 2 N	lame:							
Section B - Reasons	s for the Change of Financial S	ituation						

Please state the reason for appealing your Financial Status (attach additional pages as needed):

ENTER YOUR 9-DIGIT UIN

# Section C – Anticipated Income for 2023

Report all anticipated taxable and nontaxable 2023 income (January 1, 2023 to December 31, 2023).

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:**

A copy of parent's and student's signed 2021 IRS Federal Tax Return and IRS Schedules 1, 2, and 3

A copy of parent's and student's signed 2022 IRS Federal Tax Return and IRS Schedules 1, 2, and 3

Copies of all student and parent 2021 and/or 2022 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	Date		Parent Signature				Date	Date		
	ENTER Y	OUR 9-DIGIT UIN	$\checkmark$									
•	2324	CFSD-E	N									