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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 - Independent Student

If yours or your spouse's 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.

| ☐ Write a detailed | statement explaining your situ | l ete the following ste ation and the change in you | _ | |
|------------------------|---|---|-----------------------|------------|
| ☐ Provide supporti | ing documentation that relates | to the change in financial s | situation. | |
| ☐ Complete Section | ons A, B, C & D. | | | |
| ☐ Submit this form | n to the Office of Financial Assi | stance | | |
| Section A - Demogra | aphic Information (Please Pr | int Clearly) | | |
| Student Name: | | Student Pho | ne: | |
| Student Email: | | | | |
| Student Address: | Number and Street | City | State | Zip Code |
| Spouse Name (If Applic | cable): | | | |
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| | s for the Change of Financial son for appealing your Finar | | onal pages as needed) |) : |
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Section C - Anticipated Income for 2023

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

| 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:

| A copy of student's and spouse's (if applicable) signed 2021 IRS Federal Tax Return and IRS Schedules 1, 2, and 3 |
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| A copy of student's and spouse's (if applicable) signed 2022 IRS Federal Tax Return and IRS Schedules 1, 2, and 3 |
| Copies of all student's and spouse's (if applicable) 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 Sign | ature | | | | | | Dat | е |
|--------------|------------------|----------|--|--|--|----------|-----|---|
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