



GRAYS HARBOR COLLEGE

2019-2020 Change in Circumstance Form

Last Name

First Name

SSN

Email

Phone #

SID

This form is to request the Financial Aid Office to consider special or unusual circumstances that may affect your eligibility for financial aid for the 2019-2020 academic year. Please follow the instructions and complete all sections of this form. The certification on the back of this form must be signed by everyone whose information is being reviewed. Your request will not be considered without supporting documentation and required signatures!

If you are completing this form AFTER DECEMBER 1, 2019,
you must also provide an IRS Tax Transcript or a signed copy of your 2019 income tax return.

Reason for Change(s)

Please check one or more of the following conditions that apply to your situation, and provide the documentation requested.

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Loss of income:

You, and/or your family, have experienced a loss of earnings (or other financial resources) since 2017 that will result in **substantially less income in 2019**. You must provide the following:

- Attach a typed timeline and detailed statement explaining your unusual circumstances (i.e. what has occurred to cause a loss of household income **since 2017**).
- Attach documentation from employer(s) that verifies when employment ended.
- Attach a **2017 IRS Tax Transcript (or signed copy of tax return) and all 2017 W-2 forms**. You may request a tax transcript from the IRS online at: www.irs.gov/individuals/get-transcript. If your address has changed you will need to complete IRS Form 4506T.
- Attach documentation verifying all income that was earned since **January 1, 2019 to present**.
- If applicable, attach documentation from the appropriate agency indicating when financial benefits ended, the **total amount received in 2017**, and what has been **received since January 1, 2019**.

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Divorce, separation or death of a spouse or parent since filing my FAFSA:

Since the time you originally submitted your financial aid application for processing, you have experienced a divorce, separation or death of a spouse; or your family has experienced divorce, separation or death of a parent(s).

- Attach a typed timeline and detailed statement explaining your extraordinary circumstances.
- Attach documentation verifying this situation.
- For *Independent Students* – attach a **2017 IRS Tax Transcript (or signed copy of tax return) and all 2017 W-2 forms** for student/spouse.
- For *Dependent Students* – attach parents' **2017 IRS Tax Transcript (or signed copy of tax return) and all 2017 W-2 forms** for both parents **AND** student's **2017 IRS Tax Transcript (or signed copy of tax return) and all 2017 W-2 forms**.

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Other:

You and/or your family have experienced some other unusual situation, which has affected your ability to contribute toward your education expenses.

- Attach a typed timeline and detailed statement explaining your extraordinary circumstances.
- Attach third-party documentation to verify your statements. Supporting letters must be from individuals other than family members or friends who are familiar with your situation. These letters need to be on letterhead.

2019 Income Information

Complete the following information for your family income for the 2019 calendar year. Attach pay stubs, statements from agencies and employers, and any other documents that can verify the amounts you are reporting. **All amounts must be documented.**

Taxable Income	Documentable Income: 1/1/19 to Present		Estimated Income: Present to 12/31/19		Total
	Student/Spouse	Parent(s)	Student/Spouse	Parent(s)	
Gross Income Earned <i>(provide copy of current paystub that includes year to date information)</i>					
Unemployment Compensation <i>(provide a copy of current statement and printout of all 2019 payments)</i>					
Other taxable income <i>(i.e. interest, dividends, taxable pensions, alimony/maintenance support)</i>					
Total Taxable Income					

Non-Taxable Income	Documentable Income: 1/1/19 to Present		Estimated Income: Present to 12/31/19		Total
	Student/Spouse	Parent(s)	Student/Spouse	Parent(s)	
Child Support Received <i>(provide copy of current statement and printout of all 2019 payments)</i>					
Pension <i>(provide a copy of current statement and printout of all 2019 payments)</i>					
Disability: L&I, VA <i>(provide copy of current statement and printout of all 2019 payments)</i>					
Cash support paid on your behalf for bills in your name					
Other Untaxed Income					
Total Non-Taxable Income					

Additional Financial Information	Documentable Income: 1/1/19 to Present		Estimated Income: Present to 12/31/19		Total
	Student/Spouse	Parent(s)	Student/Spouse	Parent(s)	
Child Support Paid <i>(provide copy of current statement and printout of all 2019 payments)</i>					

Certification

I certify that the information I have provided on this application is complete and accurate. I understand that failure to disclose accurate information about income and resources on this application could result in fines, imprisonment and/or repayment of all aid received.

Student's Signature Date

Spouse's Signature Date

Parent Signature (required for Dependent Students) Date