

2025-2026 Dependent Student Change in Circumstances

This form will be submitted only after a student has applied for financial aid using the 2025-2026 Free Application for Federal Student Aid (FAFSA). Complete this form only if a recent unusual or extenuating circumstance has caused a **significant decrease** in taxable or untaxed income. Submit this request for re-evaluation when six weeks have elapsed since income changes have occurred.

Student Information:

Name: _____ RIC ID: _____

Phone: _____ Email: _____

Date the Change Went Into Effect: _____

Please check each category that pertains to your change of income:

____ Unemployment ____ Disability ____ Retirement ____ Death

____ Non-elective medical or dental expenses (not covered by insurance)- must attach supporting documentation

____ Other (Please explain. If additional space is needed, continue on a separate page.)

Estimated Income: 12 months beginning with date of income change

Income Type	Parent 1	Parent 2	Student
Wages, tips, and salary			
Unemployment Benefits			
Untaxed Income Please Specify: _____			
Other Source Please Specify: _____			
Child Support Received			

DOCUMENTATION MUST BE SUBMITTED TO VERIFY REDUCED INCOME.

Examples Include:

Copies of pay stubs from all employers for whom you worked, a letter verifying unemployment, TDI, or Social Security benefits, or a letter documenting child support received.

Certification and Signatures

We certify that all information provided in reference to this re-evaluation is accurate and true. We understand that purposely giving false or misleading information on any financial aid application may result in a fine of up to \$10,000, imprisonment for up to five years, or both. We understand that the financial aid award may change based upon the information provided. We further understand that any changes must be reported in writing to the Financial Aid Office.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____