



**2020-21 Change in Circumstances Form**

Student Name: \_\_\_\_\_

W# \_\_\_\_\_

**Step 1:** Please use this 1st page as a cover sheet for identifying documents you will need to provide for your appeal request to be evaluated.

**Step 2:** Please provide a detailed statement regarding the impact the circumstance(s) has on either your, or your family's ability to contribute to your education. Please note, that any type of update may not result in any additional aid offers. If eligibility changes we will approve the appeal and submit a FAFSA update and revise the student's aid package. If there is no significant change you will receive an email notification to your UW Student Email address to make you aware of the final outcome and what options you may consider. Documentation may be uploaded via: <https://www.uwyo.edu/sfa/forms/upload/> ; Faxed 307-766-3800; or emailed only if sending from student's UWYO EMAIL ADDRESS.

| Check                    | Category  | Required Supporting Documentation  |
|--------------------------|---|--|
| <input type="checkbox"/> | <b>Significant loss of income due to job loss or change in employment</b> | <ul style="list-style-type: none"> <li>Detailed explanation of the Income change/termination/unemployment</li> <li>Effective date of unemployment/change in income: _____</li> <li>If the change to income occurred in 2020- complete the estimated 2020 income form (pg 4) Provide</li> <li>a copy of the 2019 1040 (signed and dated); all applicable schedules and W2. Copy of most recent</li> <li>Copy of most recent pay-stub showing year-to-date earnings.</li> <li>Separation/termination letter from your employer</li> <li>Copy of severance benefits, if applicable.</li> <li>Copy of unemployment benefits, if applicable</li> </ul> <p><i>*A minimum of 8 weeks must pass from the effective date of the change in income before a second review will take place. Income changes occurring in 2020 can be projected with the Family Financial Estimated Income 2020 Worksheet.</i></p> |
| <input type="checkbox"/> | <b>One-time/ non-recurring income</b>                                     | <ul style="list-style-type: none"> <li>Detailed explanation, including how the one-time income was used</li> <li>Documentation of the IRA distribution, sale of property, inheritance, etc.</li> <li>2019 and/or 2020 signed and dated federal tax return 1040 form (including Schedules and W2s)</li> </ul>   |
| <input type="checkbox"/> | <b>Significant Medical/Dental/Family Care Expenses</b>                    | <ul style="list-style-type: none"> <li>Detailed explanation</li> <li>Complete <b>medical expense form</b></li> <li>Provide a 1040 Schedule A if you itemized from the tax year medical expenses occurred.</li> <li>2019 and/or 2020 federal tax return (including Schedules and Form W2s)</li> </ul>   |
| <input type="checkbox"/> | <b>Change of Marital Status for Dependent Student</b>                     | <ul style="list-style-type: none"> <li>Effective Date: _____</li> <li>Marriage Certificate</li> <li>Student and spouse 2018 and 2019 tax returns and W2s</li> <li>Household Size Worksheet</li> </ul>  |
| <input type="checkbox"/> | <b>Divorce or separation of parents or spouse</b>                         | <ul style="list-style-type: none"> <li>Effective Date: _____</li> <li>Divorce agreement; letter from attorney validating legal proceedings have begun.</li> <li>Federal Income Tax Returns and W2s for both parents,</li> </ul> <p>Name of custodial Parent: _____</p> <ul style="list-style-type: none"> <li>If separated, documentation showing parents maintain two separate households.</li> </ul>   |
| <input type="checkbox"/> | <b>Death of parent(s) or spouse</b>                                       | <ul style="list-style-type: none"> <li>Date of death: _____</li> <li>If death occurred during the 2020 year- complete estimated income form.</li> <li>Copy of death certificate or obituary.</li> <li>Copy of the 2019 Federal IRS Tax Form (signed and dated), applicable schedules; W2s</li> <li>Statement describing how the death of the family member has impacted the ability to pay for educational expenses.</li> </ul>  |
| <input type="checkbox"/> | <b>Other</b>  | <ul style="list-style-type: none"> <li>Detailed explanation on the impact this "other" circumstance may have on the ability to pay for educational expenses</li> <li>Supporting income information: recent 1040, schedules; W2s</li> <li><u>Any other pertinent supporting documentation</u></li> </ul>  |



**Student Name:** \_\_\_\_\_

**W#:** \_\_\_\_\_

Please use the space provided for your detailed explanation. You may also attach a letter.

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**Student/Parent Certification**

I certify that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented. This includes all information provided on the attached Income Worksheet. I understand the submission of an appeal does not release the student of paying the University of Wyoming bill by the published due dates. I understand there is no guarantee that an appeal will result in additional funding. I understand that any revisions based on this appeal does not guarantee the same adjustments will be made in future semesters and/or academic years.

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent/Spouse :** \_\_\_\_\_

**Date:** \_\_\_\_\_



### 2020-2021 Household Verification Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Please read the following information about dependent and independent students and then list all the people in the household (as indicated below). Additionally please list the name of the college for any household member, excluding parents, who will be attending college at least half-time between July 1, 2019 and June 30, 2020.

|  |   |
|--|---|
| <b>Dependent Student*</b> Please list below:   | <b>Independent Student*</b> Please list below:  |
| <input type="checkbox"/> You and your parents with whom you live, including step-parents   | <input type="checkbox"/> You (student) and your spouse, if married  |
| <input type="checkbox"/> Your parents' DEPENDENT children if your parents will provide MORE than 50% of their support from 07/1/20-6/30/21 | <input type="checkbox"/> Your dependent children, if you will provide more than 50% of their support from 07/1/20- 6/30/21. |
| <b>*A student is considered dependent if he/she was required to provide parental data on the FAFSA</b>                                     | <b>*A student is considered independent if he/she was not required to provide parental data on the FAFSA</b>                |

| Household member name | Age | Relation to student | Name of college attending 2020-2021 | Will be enrolled at least half-time (yes or no) ? |
|-----------------------|-----|---------------------|-------------------------------------|---|
|                       |     | self                | University of Wyoming               |   |
|                       |     |                     |                                     |   |
|                       |     |                     |                                     |   |
|                       |     |                     |                                     |   |
|                       |     |                     |                                     |   |

By signing this worksheet, we certify that all the information reported on it is complete and correct. **The student and at least one custodial parent must sign (if a dependent student), or spouse (if married, and independent). Electronic signatures are NOT acceptable.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.**