



2016-2017 Change in Circumstance Packet

The process of determining a student's eligibility for financial assistance is the same for all applicants; however, there is some flexibility when students and families incur significant changes in their ability to meet their educational costs. The most common types of appeals occur when families incur a loss of employment, the death of a student's parent/spouse or there are significant medical expenses that are not covered by insurance. Northeastern will not consider: private secondary school tuition; credit card bills; car payments; previous educational loan debt.

Submitting an appeal based on a change in financial circumstance to Northeastern University Student Financial Services office is a three step process:

STEP 1: Complete and sign the Change in Circumstance Form (attached)

STEP 2: Along with the form attached to this cover letter, the individual experiencing the change in circumstance **MUST** submit the **2015 IRS Tax Transcript and W-2 statement(s)**.

In addition to the IRS Tax Transcript and W-2 statement(s), families should also submit documents as listed below depending on the specific appeal situation:

Loss of Employment: Your (your spouse's) most recent/last pay stub(s), statement of unemployment benefits, copy of termination letter, severance package information.

Death of Parent/Spouse: Death certificate, life insurance or death benefits; most recent pay stub(s) of surviving partner.

Medical Expenses: Copies of medical/dental bills, statement of insurance coverage.

Please remember, granting appeals always depends on the availability of funds. Although you may have a valid appeal, our office may not always be able to grant additional funds. In this case, your counselor will make you aware of alternative ways to finance your educational expenses.

If you determine that your 2016 income will be the same or higher than 2015's, do not complete this form.

*****Please keep this page for your records. Do not return*****

Change in Circumstance Form 2016-2017

Student's Name (Please Print)

NU ID Number

1. Please describe what has caused the change in your family's financial circumstance (attach a separate sheet, if necessary).

2. Student/Spouse Income: Please project your expected income from January 1, 2016 to December 31, 2016. Make sure to submit accurate supporting documentation. **DO NOT LEAVE THIS SECTION BLANK.**

ESTIMATED INCOME	2016
Taxable wages (including co-op earnings and other part-time employment earnings)	
Federal Work-Study earnings	
Interest and dividend income	
Rental/business income	
Capital gains/losses	
Other taxable income (source)	
Other untaxed income (source)	
TOTAL INCOME:	\$

3. Parent's Income (for dependent students): Please project your expected income from January 1, 2016 to December 31, 2016. Make sure to submit accurate supporting documentation. **DO NOT LEAVE THIS SECTION BLANK.**

ESTIMATED TAXABLE INCOME	2016
Parent 1/ Step Parent 1 taxable wages	
Parent 2/Step Parent 2 taxable wages	
Interest and dividend income	
Rental/business income	
Capital gains/losses	
IRA/Pension distributions	
Unemployment compensation	
Other sources	
TOTAL TAXABLE INCOME	\$

ESTIMATED UNTAXED INCOME	2016
PRE-tax pension contributions	
IRA/Keogh payments	
Tax-exempt interest/dividends	
Housing/living allowance	
Worker's compensation	
Child support received	
Non-educational veteran's benefits	
Other sources	
TOTAL UNTAXED INCOME	\$

Certification: I have read all information provided and understand the following:

1. All appropriate documentation has been provided with this document. The review of the appeal will not occur if all documentation has not been provided.
2. I understand that my financial aid counselor will review the appeal and I will be notified of the appeal outcome. I also understand that my appeal does not guarantee additional funding.
3. I certify that the information provided on this form and the accompanying documentation is true and correct to the best of my knowledge and belief. I agree to provide additional documentation to support the information provided on this form any time it is requested, including after the end of the current calendar year.
4. I understand that underestimating projected income could result in reduced eligibility, repayment of aid, or both in the current or next academic year.

 Student/Spouse Signature

 Date

 Parent's Signature (if applicable)

 Date