



2017-2018 Change in Circumstance Form

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 University will not consider: private secondary school tuition; credit card bills; car payments; previous educational loan debt.

To submit an appeal based on a change in financial circumstance to Northeastern University Student Financial Services:

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 their **2015 IRS Tax Return Transcript and W-2 statement(s)**. In addition, depending on the change in circumstance, the individual may also be required to submit their 2016 IRS Tax Return Transcript and W-2 statement(s).

Along with the IRS Tax Transcript and W-2 statement(s), families should also submit the documents 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.

In the event additional information or documentation is required during the review process, we will notify you directly.

Please remember, granting appeals depends on the availability of funds. The submission of this form does not guarantee an adjustment or increase in your financial assistance. In the event we are not able to offer additional financial assistance, your counselor will make you aware of alternative options to finance your educational expenses.

If you determine that your 2017 income will be the same or higher than 2015's, do not complete this form.

*****Please keep this page for your records*****



2017-2018 Change in Circumstance Form

Student's Name: _____ **NU ID:** _____

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

Please indicate whom is experiencing the change in circumstance:

The individual experiencing the change in circumstance is the student. In the tables below, project your expected income from January 1, 2017 to December 31, 2017. Please make sure to submit accurate supporting documentation.

ESTIMATED TAXABLE INCOME	2017
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	
IRA/Pension distributions	
Unemployment compensation	
Other sources	
TOTAL TAXABLE INCOME:	\$

ESTIMATED UNTAXED INCOME	2017
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	\$

The individual experiencing the change in circumstance is the parent/step-parent. In the tables below, project your expected income from January 1, 2017 to December 31, 2017. Please make sure to submit accurate supporting documentation.

ESTIMATED TAXABLE INCOME	2017
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	2017
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 certify 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's/Spouse's Signature: _____ Date: _____

Parent's Signature (if applicable): _____ Date: _____