2015-2016 Change in Financial Status Request

Please check the item(s) listed on page 2 that you wish to request for an adjustment and attach the documentation requested. Your request will be reviewed by the Office of Financial Aid Professional Judgment Committee and you will be notified of their decision.

Important Notes:
- Please be aware that additional information may be requested after providing the documentation listed below.
- Approval of a request does not guarantee receipt of additional aid.
- Please allow four to six weeks after submitting all requested documents for your results.

Required for ALL REQUESTS:
- A signed, detailed letter describing the reason for the request
- Signed copies of 2014 tax transcript for parents and students (all pages) - (unless previously submitted) and all W-2’s
- On page 2, All documentation listed under the Documentation Required next to the Selected requested reason.

A. Student’s Family Information (July 1, 2015 to June 30, 2016)
If more space is needed, attach a separate page with the student’s name and ID Number at the top.

<table>
<thead>
<tr>
<th>Dependent Student</th>
<th>Independent Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>Yourself</td>
</tr>
<tr>
<td>Your Parents (include step-parent) NEW: Include biological/adopted parents who are not married, but reside together.</td>
<td>Your spouse (if married)</td>
</tr>
<tr>
<td>Siblings that live in the home (include those in college who your parent(s) provide at least 51% of their support)</td>
<td>Your children that live in the home (include those in college who you support)</td>
</tr>
<tr>
<td>Other people who your parent(s) provide at least 51% of their support</td>
<td>Other people who you provide at least 51% of their support</td>
</tr>
</tbody>
</table>

If more space is needed, attach a separate page with the student’s name and ID Number at the top.

B. SNAP (Supplemental Nutrition Assistance Program) Benefits
Did you or a member of your household receive SNAP Benefits (formally known as Food Stamp Program) in 2013 and/or 2014 or are you currently receiving them? □ No □ Yes

C. Asset Information
Before we can process your verification, you must complete the asset section below. Answer all items completely. Write “0” for zero amounts.

<table>
<thead>
<tr>
<th>As of the Date you complete this form</th>
<th>Student</th>
<th>Parent/Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount in cash, savings and checking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Real Estate (Do not include your home)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Investments (stocks, bonds, CDs, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Business Worth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your business have less than 100 full time employees? □ Yes □ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Farm Worth (do not include value of a farm which is your primary residence)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check One</td>
<td>Requested Reason for Change</td>
<td>Required Documents</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>
| ___ 1. | Student’s parent or spouse has died since completion of FAFSA. | • A copy of the parent’s or spouse’s death certificate  
• Documentation showing beginning date and monthly amount of survivor benefits. |
| ___ 2. | Extraordinary family medical/dental expenses. | Expenses can only be requested for one calendar year – either 2014 or 2015.  
For a **2014 request:**  
• A 2014 IRS 1040 Schedule A if you itemized medical expenses.  
• If you did not itemize, you must submit copies of **bills paid out of pocket during 2014**.  
For a **2015 request:**  
• A 2015 IRS 1040 Schedule A.  
• If that has not yet been filed, you must submit proof of **bills paid out of pocket during 2015**. |
| ___ 4. | The student’s parent has retired since completing the FAFSA. | • A copy of separation notice, final pay stub, and documentation of severance pay.  
• Monthly income sources for all retirement income, including Social Security benefits.  
• A statement of estimated earnings in 2015 must also be included summarizing income from all employment occurring after the date of retirement. |
| ___ 5. | The student or the student’s parents have separated or divorced, since completing the FAFSA. | For a **dependent student:**  
• Notarized letters from both parents stating the date of separation and identifying the parent providing the student’s primary financial support.  
• The parent not providing primary support needs to state how much support (if any) will be given monthly to the custodial parent for all family members.  
For an **independent student:**  
• Notarized letters from both student and spouse. The letters should include the amount of support payments (if any) provided to the student and any dependents from the spouse. |
| ___ 6. | Since completing the FAFSA, the student or parent(s) income has been significantly reduced in 2014. | • A copy of last pay stub and a copy of monthly unemployment benefit amount (if applicable) or statement of ineligibility.  
• A statement from employer listing the last date of employment or change in employment status.  
• Unemployment must be for at least **eight weeks** before a request will be considered.  
• A statement of estimated future earned income and non-taxable income for 2015 must be included. |
| ___ 7. | The student or parent(s) no longer receives untaxed benefits such as VA benefits, child support, combat pay, or other regular source of income. | • Submit documentation of the monthly benefit amount received and the termination date of the benefit. |
| ___ 8. | Other extenuating circumstances. | Submit a detailed letter describing the extraordinary situation.  
** Additional documentation will likely be requested.** |

**D. Certification and Signatures**

By signing below, I/we certify the information reported on this worksheet is complete and accurate and authorize the Financial Aid Office to perform necessary electronic ISIR correction on my behalf. I/we agree to provide proof of any information reported on this form or on my FAFSA. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we also understand if we purposely give false or misleading information I/we may be fined, sentenced to jail, or both. If you are a dependent student, one parent **must** sign below.

(Student’s Signature)  
(Spouse/Parent’s Signature)

Chowan University  
Financial Aid Office  
One University Place  
Murfreesboro, NC 27855  
Ph. 252-398-1229  
Fax 252-398-6513