



**Rensselaer Polytechnic Institute  
Change of Family Circumstances  
2020-21 Award Review Request**

Office of Financial Aid  
Academy Hall  
Rensselaer Polytechnic Institute  
110 8th Street  
Troy, NY 12180-3590

**IMPORTANT: STUDENT NAME AND RENSSELAER STUDENT ID NUMBER MUST APPEAR ON ALL ATTACHMENTS!**

Student Name: \_\_\_\_\_ Rensselaer ID (RIN): \_\_\_\_\_ EMail: \_\_\_\_\_  
 Enrollment Status (check one):  New student, has not started classes at Rensselaer.  Current, returning, or re-admitted student.

**Written / Signed Statement and Support Documentation Required :**

Provide a written statement describing your changed circumstances that is signed by the student and the FAFSA parent or parents.  
 Requests received without a descriptive statement or sufficient support documentation will be delayed, returned, or not processed.

**About Eligibility Review Request Processing:**

- 1 Submission of this form is not a guarantee that any Federal, State, or Institutional award updates will be made.
- 2 Complete Section A if the review request is based on loss of income from a person required to provide data on the student's FAFSA.
- 3 Complete Section B if the review request is due to unusual expenses or other circumstances that you would like us to consider.
- 4 Signatures of the student and/or parent(s) providing statements or documents must be provided in Section C.
- 5 You must provide documentation that supports the statements and financial information provided toward your review request.
- 6 Students are notified via e-mail or through our award revision notification process when the requested review has been completed.
- 7 **Return your completed form and documents to the address above, fax (518) 276-4797, or upload- <https://admissions.rpi.edu/aid/upload>**

**Note:** We are requesting information about your actual or projected 2019 and 2020 tax years to better understand your situation. Please provide appropriate documentation to support the statements and financial data being provided. Documentation examples include: completed IRS tax returns, year-to-date pay stubs or untaxed income benefit receipts, letters confirming change of employment status.

**A. LOSS OF INCOME: Complete Section A for each person experiencing a decrease in income since the end of the 2018 tax year.**

<b>A1: Who is Experiencing the Loss of Income?</b>	Parent 1 on FAFSA	Parent 2 on FAFSA	Student or Spouse
Name of person or people experiencing loss of income:	_____	_____	_____
Reason for Loss of Income (check all that apply):			
Loss of Employment	_____	_____	_____
Forced Reduction to Paid Work Hours	_____	_____	_____
Change of Job with Reduction in Pay	_____	_____	_____
Other: _____	_____	_____	_____
Start Date of Income Reduction:	_____	_____	_____
Is This Person Currently Working?	Y / N	Y / N	Y / N
If Working: Full Time or Part Time?	FT / PT	FT / PT	FT / PT
When did they begin or resume working?	_____	_____	_____
How many hours are they working per week?	_____	_____	_____
What is their current hourly pay rate?	_____	_____	_____

**\*\*\* COMPLETE SECTION A3 ON PAGE 2 TO REPORT YOUR 2019 & 2020 ACTUAL OR ANTICIPATED TOTAL INCOME \*\*\***

**A2: REQUIRED DOCUMENTATION: Please print the student's name and Rensselaer ID Number (RIN) on each page submitted.**

**1. Statement Describing Loss of Employment / Loss of Income**

- a. Provide a written statement describing the loss of income situation, signed by the person reporting the income loss.
- b. Provide a copy of any notice of layoff, position elimination, or reduction to work hours notice that may be available.

**2. Current Income Information:** Please complete Section A3 on the next page of this form as follows....

- a. Indicate the annual "Gross Income" from all sources prior to taxes or other deductions in the Taxable Income section
- b. Report your expected untaxed income totals in the Untaxed Income Section.
- c. Provide a copy of the most recent pay stub or other documents to support the numbers provided for "2a." and "2b."

**3. Additional Documents:** Provide copies of other documents you feel support your statement or the income figures provided.

**A3:** ACTUAL OR ESTIMATED INCOME DATA -- TAX YEARS 2019 & 2020. *This must be completed if you are reporting an income loss.*

Provide both 2018 and 2019 actual or estimated income data for the student, parent(s), or others whose data was required for FAFSA filing.

	2019 Tax Year			2020 Tax Year		
	Parent 1 on FAFSA	Parent 2 on FAFSA	Student & Spouse	Parent 1 on FAFSA	Parent 2 on FAFSA	Student & Spouse
If their income will be the same as 2017, check here:	_____	_____	_____	_____	_____	_____
If their income will be HIGHER or LOWER than 2018:						
<b>1. Taxable Income: Provide for 2019 and 2020, unless same as 2018.</b>						
A) Employment Income / Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B) Taxable Interest / Dividend Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
C) Allimony Received	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
D) Business or Rental Property Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
E) Unemployment Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F) Taxable Social Security Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
G) Taxable Pension or Retirement Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
H) Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Taxable Income</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>2. Untaxed Income: Provide for 2019 and 2020, unless same as 2018.</b>						
A) Child Support Received	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B) Public Assistance (TANF)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
C) Untaxed Pension or Retirement Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
D) Untaxed Social Security Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
E) Pre-Tax Retirement Account Contributions	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
E) Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Untaxed Income</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**B. UNUSUAL EXPENSES / OTHER SPECIAL CIRCUMSTANCES**

<b>B1:</b> Who has paid for the expenses, or whose assets have been impacted? (check on line)	Parent 1 on FAFSA	Parent 2 on FAFSA	Student & Spouse	Please note the timeframe when the Expense or Circumstance was incurred:		
	_____	_____	_____	From:	To:	Check Below if "Ongoing":
Check which option best describes the situation:						
A) One-Time Pension Withdraw or Roll-Over	_____	_____	_____	_____	_____	_____
B) Medical Expenses Not Paid By Insurance	_____	_____	_____	_____	_____	_____
C) Disaster Event Related Expenses	_____	_____	_____	_____	_____	_____
D) Other: _____	_____	_____	_____	_____	_____	_____
How much was paid "out of pocket"?	\$ _____	\$ _____	\$ _____			
How much was withdrawn from assets?	\$ _____	\$ _____	\$ _____			

**B2:** REQUIRED DOCUMENTATION: Please print the student's name and Rensselaer ID Number (RIN) on each page submitted.

- Signed Statement from the family** describing how and when the unusual expense or special circumstance was incurred.
- Support Documents** such as: copies of receipts, "Paid in Full" billing statements, cancelled checks, tax form confirming retirement account roll-over reported to the IRS, repair invoices, pension distribution notices. Documents must support the data and statements provided.

**C. SIGNATURES: If this form is not signed by the student and at least one parent, it will be returned unprocessed.**

	Signature	Date
Sign here to indicate your agreement that all information provided about you within this request are true to the best of your knowledge.	Student _____	_____
	Spouse / Parent 1 _____	_____
	Parent 2 _____	_____

Return your completed form and documents to the address at the top of page 1, fax (518) 276-4797, or upload- <https://admissions.rpi.edu/aid/upload>