



**Rensselaer Polytechnic Institute**  
**Change of Family Circumstances**  
**2023-24 Award Review Request**

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

**STUDENT NAME AND RIN (Rensselaer ID Number) MUST APPEAR ON ALL ATTACHMENTS**

Student Name: _____	Rensselaer ID (RIN): _____	EMail: _____
Enrollment Status (check one): <input type="checkbox"/> New, Incoming Student <input type="checkbox"/> Current, Returning, or Re-enrolling student.		

**About Eligibility Review Request Processing:**

**1 Documentation Required: Provide documentation that supports your financial and personal information statements.**

Incomplete requests may be delayed or returned. Additional information will be requested when necessary.

*Example: Student provides parent wage data, but there is no parent signature: Review delayed until signatures received for parent data.*

*Example: Family statement indicates child support is being received but \$0 is reported in the financial section: Additional follow-up required.*

**2 Descriptive Statement: You must provide a written description about your current financial situation.**

*Example: If you are reporting a reduction in wages due to COVID-19 economic impacts in 2020 let us know if you returned to work before the end of 2020; if you have not returned to work or are working but earning less, describe your current or planned income environment.*

**3 Signatures: The student and/or parent(s) providing financial data must sign the review form.**

**4 Notification of Outcome: If we are able to make a revision to your aid, a notification will be sent when the review is completed**

**Return your documents to the address above, fax (518) 276-4797, or upload- <https://admissions.rpi.edu/aid/upload>**

	Parent 1 on FAFSA	Parent 2 on FAFSA	Student or Spouse
<b>A Who is Experiencing the Loss of Income?</b>			
Name of person proving FAFSA income data	_____	_____	_____
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	_____	_____	_____
Loss of Business Income	_____	_____	_____
One-Time Pension Withdraw or Roll-Over	_____	_____	_____
Other: _____	_____	_____	_____
Start Date of Income Reduction:	_____	_____	_____
End Date of Income Reduction:	_____	_____	_____
<b>COVID-19 Pandemic Impact</b>			
If person became unemployed due to COVID-19 pandemic impact to economy, have they returned to the same employer with same/similar pay as before?	Y / N	Y / N	Y / N

**B** 2022 Tax Year Income and Taxes Paid:

- \* Report Adjusted Gross Income, Not Net Income after Deductions.
- \* Report Taxes Paid and retained by IRS, Not Withholdings from W-2 Statements.
- \* Provide copies of 2022 Federal 1040 and/or other year-end documents to support your numbers.
- \* Provide employer letters or other "agency statements" that may help our understanding of your current financial situation.
- \* Continue to the next section to provide your 2022 tax year income data.

**Prior to Actual 1040 Filing  
Provide Estimated Data and  
2022 Year-end Financial Documents**

**2022 Tax Year Data**

Parent 1 on FAFSA	Parent 2 on FAFSA	Student & Spouse
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**Did or will you file 1040 "Schedule 1" for Additional Income types?**  
*(This is not Schedule A for Itemized Deductions)*

Y / N	Y / N	Y / N
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**1 Adjusted Gross Income from 2022 Federal 1040 Tax Form**      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_  
*(If a joint return was filed, note AGI under Parent 1 only)*

You Must Provide Copies of both Parent and Student Year End Income Documentation to Support Data Provide.  
Your review will not be completed until 2022 income documentation or non-filing statements are received.

Employment Income / Wages	\$ _____	\$ _____	\$ _____
Interest / Dividend Income	\$ _____	\$ _____	\$ _____
Allimony Received	\$ _____	\$ _____	\$ _____
Business or Rental Property Income	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Taxable Social Security Benefits	\$ _____	\$ _____	\$ _____
Taxable Pension or Retirement Distributions	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____

**2 Total Taxes Paid: From 2022 Federal 1040**      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

**3 Untaxed Income: Provide 2022 Year end totals.**

Child Support Received	\$ _____	\$ _____	\$ _____
Public Assistance (TANF)	\$ _____	\$ _____	\$ _____
Untaxed Pension or Retirement Distributions	\$ _____	\$ _____	\$ _____
Untaxed Social Security Benefits (type: _____)	\$ _____	\$ _____	\$ _____
Pre-Tax Retirement Account Contributions	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____

**4 Value of Necessary Expenses Paid for by Others**

Mortgage or Rent Payments Made on Your Behalf	\$ _____	\$ _____	\$ _____
Value of Utility Bills Paid on Your Behalf	\$ _____	\$ _____	\$ _____
Value of Additional Required Bills or Expenses Paid By Others	\$ _____	\$ _____	\$ _____

**C** SIGNATURES:

Sign here to indicate your agreement that all information provided about you within this request are true to the best of your knowledge.

	<i>Signature</i>	<i>Date</i>
<b>Student</b>	_____	_____
<b>Spouse / Parent 1</b>	_____	_____
<b>Parent 2</b>	_____	_____

Please return this form and all supporting documents to the address above, fax (518) 276-4797, or upload to <https://admissions.rpi.edu/aid/upload>. Incomplete forms will delay the processing of your request.