Change of Family Circumstances

2021-22 Award Review Request

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

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Rensselaer ID (RIN):</th>
<th>EMail:</th>
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Enrollment Status (check one):  ____  New, Incoming Student  ____  Current, Returning, or Re-enrolling student.

About Eligibility Review Request Processing:

1. You must provide documentation that supports the financial information described and personal statements made. Incomplete requests may be delayed or returned, and 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. Submitting this form facilitates a review of your award eligibility. There is no guarantee that award updates will be made.

3. Descriptive Statement Required: 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.

4. Signatures of the student and/or parent(s) providing documents or financial data must be provided on all documents.

5. Students are notified via e-mail or through our award revision notification process when the review has been completed.

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

A. Who is Experiencing the Loss of Income?

Name of person proving FAFSA income data

<table>
<thead>
<tr>
<th>Parent 1</th>
<th>Parent 2</th>
<th>Student</th>
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<tbody>
<tr>
<td>on FAFSA</td>
<td>on FAFSA</td>
<td>or Spouse</td>
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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: _______________________

COVID-19 Pandemic Impact

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
**2020 Tax Year Data**

* Did you file 1040 "Schedule 1" for Additional Income types?  
  (This is not Schedule A for Itemized Deductions)

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<thead>
<tr>
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<th>Parent 1 on FAFSA</th>
<th>Parent 2 on FAFSA</th>
<th>Student &amp; Spouse</th>
</tr>
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<tbody>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
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1. **Adjusted Gross Income from 2020 Federal 1040 Tax Form**  
   (If a joint return was filed, note AGI under Parent 1 only)
   - Employment Income / Wages: $______  $______  $______
   - Interest / Dividend Income: $______  $______  $______
   - Alimony Received: $______  $______  $______
   - Business or Rental Property Income: $______  $______  $______
   - Unemployment Compensation: $______  $______  $______
   - Taxable Social Security Benefits: $______  $______  $______
   - Taxable Pension or Retirement Distributions: $______  $______  $______
   - Other: $______  $______  $______

2. **Total Taxes Paid: From 2020 Federal 1040**
   $______  $______  $______

3. **Untaxed Income: Provide 2020 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 Rent Saved if "Living for Free" With Others: $______  $______  $______
   - Value of Utility Bills Paid: $______  $______  $______
   - Value of Additional Required Bills or Expenses Paid By Others: $______  $______  $______

**SIGNATURES:**

- **Student:** ____________________  ________
- **Spouse / Parent 1:** ____________________  ________
- **Parent 2:** ____________________  ________

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

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