



<b>Student Identification</b>			
_____	M.I.	_____	
First Name		Last Name	
_____ <b>OR</b> _____		(     )	-
Student ID	Last 4 Digits of SSN	Phone Number	

Please indicate the situation that has caused a decrease in income from the 2018 calendar year.

**Loss of Job**

One or both parents of a dependent student or, for an independent student, the student or the student's spouse becomes unemployed after filing the FAFSA, resulting in reduced income.

**Change of Job**

One or both parents of a dependent student or, for an independent student, the student or the student's spouse experiences a change in employment after filing the FAFSA, resulting in reduced income.

**Decrease in Hours Worked**

One or both parents of a dependent student or, for an independent student, the student or the student's spouse experiences a decrease in hours worked after filing the FAFSA, resulting in reduced income.

**Family Member Affected**

Indicate the family member affected by the loss or change of job/income and list that person's name along with the date of employment/income loss or change and the date of new employment, if applicable.

<p><b>Independent Student</b> Student _____ Student's Spouse _____</p>	<p><b>Dependent Student</b> Student's Parent 1 _____ Student's Parent 2 _____ <i>As entered on the FAFSA</i></p>
<p>Name of the affected family member: _____</p> <p>Date of employment loss or change: _____</p> <p>Date of new employment, if applicable: _____</p>	

**Gross Income**

In the chart below, indicate actual and anticipated monthly gross income from work (wages) of the family member affected by the loss or change of job/income. **Please project income for future months.**

Month	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020
<b>Gross Income</b>						
Month	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
<b>Gross Income</b>						

**CONTINUED ON NEXT PAGE    This form is not valid until you have signed and dated the next page**



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**Gross Benefits**

In the chart below, indicate actual and anticipated monthly gross funds received from benefits such as severance pay, unemployment, disability, and current employment benefits (auto allowance, travel, etc.). **Please project benefits for future months.**

<b>Month</b>	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020
<b>Gross Benefits</b>						
<b>Month</b>	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
<b>Gross Benefits</b>						

**Required Documentation**

Attach required documentation:

- a. 2018 Federal Income Tax Return
- b. 2018 W2 form(s) for student and spouse, if applicable, for independent students or student’s parent(s), for dependent students
- c. Pay stub prior to the loss or change
- d. Pay stub after the change, if applicable
- e. Letter from HR Department or supervisor regarding the change
- f. Online printout of unemployment benefits

**Certification and Signature:** I certify the information provided is complete and true to the best of my knowledge. Furthermore, I agree to contact the Financial Aid Office at the time there are changes to the situation on which the request for exception has been founded. I understand that changes made to my student financial aid eligibility based upon the information provided may affect only the student financial aid received at Indiana Wesleyan University for the 2020-2021 award year.

\_\_\_\_\_  
Student Signature\* \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (for dependent student only)\* \_\_\_\_\_  
Date

\* Must be an actual “wet” signature. A digital signature or typed font signature is not acceptable. This form may be completed and “wet” signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.

**IMPORTANT:** *Indiana Wesleyan University’s Financial Aid Office will honor special circumstances documentation submissions made no later than two weeks prior to when the student ceases attendance for the applicable award year. We cannot guarantee a review of submissions made after this date, and no consideration will be given to submissions made after the student ceases to attend.*

Mail, fax, email, or deliver the completed worksheet to the Financial Aid Office using the contact information listed below.

**EMAILED FORMS MUST BE SENT FROM THE IWU STUDENT EMAIL ACCOUNT**