

SPECIAL CONDITION WORKSHEET / 2017 INCOME CHANGE
Change of Circumstance for **Student (or Spouse, if student is married)**
BLUEFIELD COLLEGE

Student's Name: _____ **ID#** _____

Student's Daytime Phone Number: _____

Section A: Check the condition(s) below that best identifies the reason your annual income has decreased significantly. Please note that a student cannot change information based on a change in marital status after the FAFSA has been filed.

<u>SPECIAL CIRCUMSTANCE</u>	<u>DATE THIS HAPPENED</u>
____ Student (or spouse) has become unemployed	_____
____ Student (or spouse) has become unable to work due to a medical condition or disability	_____
____ Student's (or spouses) untaxed income or benefits have ended	_____
____ Student reduced work hours to attend college	_____
____ Other (explain): _____	_____

Section B: Projected Income Amounts: (Please complete steps 1, 2, 3 & 4 below)

Include all sources of income and the total amount expected from each: (In the first column please report all income from January 1, 2017 to today. In the second column, please enter the expected amounts from today through December 31, 2017).

1. INCOME SOURCE(S)* INCOME AMOUNT(S) (See instructions <reverse side> for additional details.)

	1/1/17 to Today	Estimate, Today to 12/31/17
Student earnings from work	\$ _____	\$ _____
Spouse earnings from work	\$ _____	\$ _____
Other taxable income (refer to instructions)	\$ _____	\$ _____
Child Support/Other untaxed income (refer to instructions)	\$ _____	\$ _____
Total	\$ _____ + \$ _____	= \$ _____

2. Please attach a copy of your (and spouse's if you are married) 2015 IRS Tax Transcripts, Verification Worksheet, and accompanying W-2's (if not previously submitted to the financial aid office), and a copy of your most recent pay stub for 2017.

3. If applicable, loss of hours or loss of overtime hours must be verified in writing by your employer.

4. Additional supporting documentation, as requested.

Section C: Certification

I certify that all statements made on this form are true to the best of my knowledge.

Student Signature **Date**

Spouse Signature **Date**

Instructions

Please return this form & supporting documents to:

Bluefield College Financial Aid Office

Fax #: 276-326-4356

Or mail to: 3000 College Avenue, Bluefield, VA 24605

To assist you in calculating your projected income for the time periods indicated in Section B, please include the following (if applicable):

OTHER TAXABLE INCOME INCLUDES:

Interest
Dividends
Business income/loss
Farm income/loss
Alimony received
Unemployment Compensation
Taxable social security/pensions
Capital gains/losses
Annuities
Railroad Retirement
Rents

UNTAXED INCOME INCLUDES:

Veterans' non-educational benefits
Retirement pensions/benefits
Making Work Pay tax credit
Housing, food, and other living allowances
paid to clergy, military, etc.
Workers' Compensation
Payments to 401(k) or 403(b)
Deductible IRA and KEOGH payments
Cash received or any money paid on your behalf