

SPECIAL CONDITION WORKSHEET / 2018 INCOME CHANGE
 Change of Circumstance for **Parent of a Dependent Student**
BLUEFIELD COLLEGE

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

Daytime Phone Number for Parent: _____

Section A: Check the condition(s) below that best identifies the reason your annual income has decreased significantly:

<u>SPECIAL CIRCUMSTANCE</u>	<u>DATE THIS HAPPENED</u>
____ Parent has become unemployed ___Father ___Mother	_____
____ Parent has become unable to work due to a medical condition or disability.	_____
____ Parent's untaxed income or benefits have ended.	_____
____ Parent has a one-time income adjustment	_____
____ Parents divorced or separated	_____
____ 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, 2018 to today. In the second column, please enter the expected amounts from today through December 31, 2018.)

1. INCOME SOURCE(S)* INCOME AMOUNT(S)

(See instructions <reverse side> for additional details.)

	1/1/18 to Today	Estimate, Today to 12/31/18
Mother's earnings from work	\$ _____	\$ _____
Father's 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 2016 IRS Tax Transcripts, along with a 2018-19 Dependent Verification Form and accompanying 2016 W-2's (if not previously submitted to the financial aid office), and a copy of your most recent pay stub for 2018.

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.

Parent Signature **Date**

Student 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