

Student Name _____ MBU ID _____

Reason for requesting change of income (check all that apply):

| End/Reduction of Employment | Date of Income Change | Self | Parent 1 | Parent 2 |
|---|-----------------------|------|----------|----------|
| Layoff | | | | |
| Termination of Employment | | | | |
| Quit/Reduced Employment to attend school | | | | |
| Other loss of income from employment (specify): | | | | |

For a change of income request due to any of the above reasons, please provide as much of the following as possible:

- Statement from employer on company letterhead confirming the change in employment status
- Final pay stub from employment, or last pay stub at previous rate of pay/hours if employment reduced but not ended
- Recent pay stub from current employer, if applicable

| Loss of Other Income | Date of Income Change | Self | Parent 1 | Parent 2 |
|--|-----------------------|------|----------|----------|
| Loss of Alimony - provide court document stating end date | | | | |
| Loss of Unemployment Benefit - provide letter from the unemployment office stating termination date | | | | |
| Loss of Social Security - provide official SS Office notification of termination of benefit | | | | |
| Loss of Child Support - provide court document stating termination date | | | | |
| Loss of Worker's Compensation - provide appropriate documentation of loss | | | | |
| Other impact to regular income- ex.- unreimbursed medical expenses - provide appropriate documentation | | | | |

| One-Time Benefit Reported on Taxes | Date of Benefit Received | Self | Parent 1 | Parent 2 |
|---|---|------|----------|----------|
| Type of benefit: | | | | |
| Attach sheet showing any one-time inheritance, moving expense allowance, back year SS payment, lump sum retirement, etc. and indicate how those funds were used and why they should not be included (attach any relevant documentation) | | | | |
| Divorce/Legal Separation | Date of divorce/separation: ___/___/___ | | | |
| Attach copy of divorce decree or court documentation of legal separation AND W2 from 2021 for the parent with whom the student primarily resides. | | | | |
| <i>Parents of dependent students who are still legally married and have not obtained a legal separation will be required to use spousal income on the FAFSA.</i> | | | | |

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2022 Income and Projected Income for 2023

| | 2022 Amount | ACTUAL 01/01/2023- Now | ESTIMATED Now - 12/31/23 | 2023 Total |
|--------------------------|-------------|------------------------------|--|------------|
| Student Income from Work | \$ | \$ | \$ | \$ |
| Father Income from Work | \$ | \$ | \$ | \$ |
| Mother Income from Work | \$ | \$ | \$ | \$ |
| | | | Total parent income from work: \$ _____ | |

Comments: _____

**Other Income Information
(Include information for all household members)**

| Type of Income | Student Actual 2022 Amount | Student Expected 2023 Amount | Parent Actual 2022 Amount | Parent Expected 2023 Amount |
|--|-------------------------------------|---------------------------------------|------------------------------------|--------------------------------------|
| Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form Please specify: _____ _____ _____ | \$ | \$ | \$ | \$ |
| TOTALS: | \$ | \$ | \$ | \$ |

| Current Asset Information | Student | Parent(s) |
|---|---------|-----------|
| Current amount of cash, savings, and checking | \$ | \$ |
| Current value of real estate and investments (do not include primary residence) | \$ | \$ |
| Current debt on those real estate and investments (do not include debt for primary residence) | \$ | \$ |
| Current value of your farm/business | \$ | \$ |
| Current debt on your farm/business | \$ | \$ |

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Household Size Information

Include the student, parent(s), and any children or other dependents currently residing with the parent(s).

| Name | Relationship to Student | Age | University Attending (If Applicable) | Will be enrolled at least Half Time (Yes or No) | Expected Graduation Date |
|------|-------------------------|-----|--------------------------------------|---|--------------------------|
| | Self | | Mary Baldwin University | | |
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CERTIFICATION: I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of information given on this form if required to do so for consideration of my request. I also understand that submission of this form does not guarantee approval, and that approval does not necessarily indicate an increase in the amount or types of aid I will receive. Both student and parent signatures are necessary to authorize changes to a student’s FAFSA.

Student Signature

Date

Parent Signature

Date

PLEASE SUBMIT ALL DOCUMENTATION AT THE SAME TIME.
Be sure to include the Student Name and MBU ID on all forms.

Return this form

| | | | | |
|--|-----------------------------------|---|---|--|
| by mail to: Mary Baldwin University Office of Financial Aid Staunton, VA 24401 | by fax to: 540-887-7229 | by email to: Finaid@marybaldwin.edu | in person to: Administration Building Ground Floor | through the Document Portal: located on the financialaid.marybaldwin.edu homepage |
|--|-----------------------------------|---|---|--|