

Student Name _____ MBU ID _____

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

End/Reduction of Employment	Date of Income Change	Self	Spouse
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	Spouse
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	Spouse
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 student.			
<i>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 01/01/23- Now	ESTIMATED Now - 12/31/23	2023 Total
Student Income from Work	\$	\$	\$	\$
Spouse Income from Work	\$	\$	\$	\$

Comments: _____

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

Type of Income	Student Actual 2022 Amount	Student Expected 2023 Amount	Spouse Actual 2022 Amount	Spouse 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	Spouse
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

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		

Include the student, spouse, and any children or other dependents currently residing with the student.

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. Student signature is necessary to authorize changes to a student’s FAFSA.

Student Signature

Date

Spouse Signature (Optional)

Date

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

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
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