



Office of Financial Aid

2020-2021 Change of Circumstances Form

The purpose of the Change of Circumstances Form (CCF) is to collect information on expected 2020 income and unreimbursed medical expenses so that we may recalculate your eligibility for financial aid for the 2020-2021 academic year. You may wish to complete the CCF if it is apparent to you that the income from 2018 (the year on which the FAFSA information is based) was substantially more than what will be received in 2020. You are welcome to complete and return the CCF to our office as soon as you feel you can provide a realistic estimate of your total 2020 information. Please be sure that you are considering all potential sources of income, including unemployment benefits, when determining your estimate.

Please submit this form by mailing or faxing it to the address or fax number listed at the bottom of each page. If you prefer to submit the CCF electronically, please use our [secure file upload system](#). We will then review the completed CCF, recalculate your eligibility for financial aid if appropriate, and inform you of the results. **There is no guarantee that your circumstances will warrant a recalculation or that any additional aid will be available to you if we do a recalculation.**

If your CCF demonstrates the need for additional aid, we will respond to you as quickly as possible with an amount by which we can increase your aid, but we need to set realistic expectations. Depending on the amount of the projected loss of income, a student might expect to receive anywhere from an additional \$1,000 to \$2,500 from Messiah College. It is also possible that the student could become eligible for additional federal financial aid as a result of this adjustment.

In early 2021, we will ask you to submit documentation to confirm your actual income. At that point, if appropriate, we will re-adjust additional aid amounts which **could mean that we take back some of the additional aid that was offered**. Please be assured that our goal will be to not reduce the additional award amounts unless there is an extreme mismatch between the estimate and the final outcome.

We also want to let you know that the CCF is not for the purpose of providing information on unusual expenses (except unreimbursed medical), including those brought about by the COVID-19 pandemic. Expenses related to the COVID-19 pandemic should be reported [here](#), and other unusual expenses or financial situations of which you wish to make us aware should be reported via a letter signed by both the student and one parent. This letter should provide specific dollar amounts and dates regarding the situation you are reporting.

Please also note that we normally will not remove windfall (one time) income received in 2018 from the calculation that determines your financial aid eligibility. Nor will we process a second CCF if we processed a CCF for you in a previous year and you are now filing a second CCF which would cause us to ignore income that exceeded your estimate from the last form that you filed.



Office of Financial Aid

2020-2021 Change of Circumstances Form

Section A

Student's Name _____ Student School ID# _____

Street _____

City _____ State _____ Zip _____

Section B

In the first column check only the item that describes your circumstances, and complete that section. Most people will complete item number 3, which requires you to provide a complete explanation of the specific details regarding your change. Attach any applicable documentation.

	Dependent Student	Independent Student
1. _____ Separated or Divorced	<p>The student has already applied for Federal Student Aid for 2020-2021, but his or her parents have separated or divorced since that time.</p> <p>Which parent are you living with?</p> <p>_____</p> <p>Write in the date your parents got separated or divorced.</p> <p>____/____/____ MM DD YR</p> <p>Please complete the enclosed Messiah College Family Size Clarification form.</p>	<p>The student has already applied for Federal Student Aid for 2020-2021, but has separated or divorced since that time.</p> <p>Write in the date you got separated or divorced.</p> <p>____/____/____ MM DD YR</p> <p>Please complete the enclosed Messiah College Family Size Clarification form.</p>

MESSIAH COLLEGE FAMILY SIZE CLARIFICATION
(Only complete this page if you checked item 1 or 2 in section B)

2020-2021 Academic Year

The purpose of this form is to clarify your family size. Remember, to be included in the number in college, a person must be attending at least half-time and parents cannot be counted as family members attending college.

Dependent Student: Fill in the information about the people that your custodial parent will *support* between July 1, 2020, and June 30, 2021. Include your custodial parent and yourself. Include your custodial parent's other children if they get more than half of their *support* from your custodial parent, or if they would be required to provide parental information when applying for Title IV Federal Student Aid in 2020-2021. Include other people **only** if they now live with and get more than half of their *support* from your custodial parent and will continue to get this support between July 1, 2020 and June 30, 2021. (*Support* includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

Independent Student: Fill in the information about the people that you will *support* between July 1, 2020 and June 30, 2021. Include yourself and your children, if they get more than half of their *support* from you. Include other people only if they meet the following criteria: 1) they now live with you, and 2) they now get more than half their *support* from you and they will continue to get this support between July 1, 2020 and June 30, 2021. (*Support* includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

Full Name	Age	Relationship	College Attending in 2020-2021
		you, the student	Messiah College

Section C - Estimated Income and Asset Information for the Entire Calendar Year 2020

Please enter **estimated total 2020 calendar year income information below**. Complete either or both the parents' or student's information (whichever applies to your situation). Make your best estimate even if you are uncertain of the accuracy. **Enter 0's if the answer is "none." Do not leave items blank.**

Also, do not complete the asset section unless instructed to do so. If income is less than \$20,000, attach an explanation of how family expenses will be met.

2020 Estimated Earned Income	Parent(s)	Student (& Spouse)
Adjusted Gross Income (include taxable earnings, unemployment/severance and social security benefits).....	\$.00	\$.00
Standard or Itemized Deductions.....	\$.00	\$.00
Child tax credit/credit for other dependents.....	\$.00	\$.00
Income earned from work by Father/Student.....	\$.00	\$.00
Income earned from work by Mother/Spouse.....	\$.00	\$.00
2020 Additional Financial Information		
Child support paid because of divorce or separation or as a result of a legal requirement.....	\$.00	\$.00
Taxable earnings from Federal Work-Study	\$.00	\$.00
Taxable student grant and scholarship aid reported to the IRS in your adjusted gross income.....	\$.00	\$.00
Taxable combat pay or special combat pay.....	\$.00	\$.00
Earnings from work under coop. education program.....	\$.00	\$.00
2020 Untaxed Income		
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings).....	\$.00	\$.00
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans.....	\$.00	\$.00
Child support received for all children. Don't include foster care or adoption payments.....	\$.00	\$.00
Tax-exempt interest income.....	\$.00	\$.00
Untaxed portions of IRA distributions, exclude rollovers. If negative, enter 0.....	\$.00	\$.00
Untaxed portions of pensions, exclude rollovers. If negative, enter 0.....	\$.00	\$.00
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).....	\$.00	\$.00
Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.....	\$.00	\$.00
Other untaxed income and benefits not reported, such as workers' comp., disability, health savings accounts, etc.....	\$.00	\$.00
Money you will receive, or will be paid on your behalf (e.g., bills), not reported elsewhere on this form.....	XXXXXXXXXXXX	\$.00

Medical/Dental Expenses**Parent(s)****Student (& Spouse)**

If you listed medical/dental expenses not paid by insurance

for the reason for this form, list total here..... \$.00 \$.00

STOP: Is projected income equal to or more than 2018 income reported on FAFSA?**If so, do not submit this form to the Financial Aid Office.****Assets - Do not complete this section unless checked here _____**

Total balance of cash, savings, and checking accounts..... \$.00 \$.00

Net worth of investments and other real estate..... \$.00 \$.00

Net worth of current business and/or investment farms..... \$.00 \$.00

Section D - Statement of Certification and Authorization:

In addition to the student, one parent (if student is dependent) must sign the appropriate space(s) below. If the student is independent, the spouse's signature is optional.

All the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) 2020 U.S. Income Tax Return. I (We) also realize that if I (we) do not give proof when asked; the student may not get aid. I (we) understand that if my (our) estimated 2020 income on this form is significantly less than what I (we) actually receive in 2020; the student's aid might be reduced in the 2020-2021 academic year.

Student's Signature_____
Date_____
Spouse's Signature (If student is independent)_____
Date_____
Father's Signature_____
Date_____
Mother's Signature_____
Date**DO NOT WRITE IN THIS SECTION****FINANCIAL AID OFFICE USE ONLY**

1. Current EFC (if selected for verification – check to see if completed) _____
2. Print previous data (from RNANA21 Income and Assets tab) _____
3. Go to RNANA21 Information Release tab - Professional Judgment Used: 1=Yes _____
4. Check medical/dental expenses for more than 11% of IPA (RNINAIQ) _____
5. Recalculated *Income Taxes Paid* amount _____
6. Recalculated EFC (go to Options, to Calculate Need) _____
7. Lock Current record (Y) under Demographic tab _____
8. Check for new awards and changes in existing financial aid _____
9. Make note on SPACMNT about changes to EFC and aid _____
10. Corrections to FAFSA will be sent to CPS and revised award letters will be produced.

Comments:

FAO Signature _____ Date _____