

2017-2018 CHANGE OF INCOME

RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 FAX: (805) 756-7243 EMAIL: financialaid@calpoly.edu	Student Last Name:
	Student First Name:
	Phone #: EMPL ID#:

CHANGE TO INCOME: If your income (and/or your spouse's or parents' income) is expected to be significantly less in 2017 than in 2015, please check the appropriate reason below and return the proper supporting documents. Consideration of change of income requires verification of your FAFSA data. You will be notified regarding any other documents and forms that may be required to finalize the review. **Submit this form after June 15, 2017, when you can attach documentation for the first six months of your 2017 income. Please also include a signed letter of explanation.**

Please use this area to indicate the reason for your change in income. If more space is required, please attach a separate sheet of paper.
 DATE OF CHANGE: _____

<i>If.....</i>		<i>Then Submit.....</i>
<input type="radio"/> Unemployment or significant change in employment		Termination notice, final paystub and/or severance letter. If employed in current year, include most recent paystub with YTD amounts.
<input type="radio"/> Divorce/Separation		Divorce/Separation documents and documentation of both parents' current addresses.
<input type="radio"/> Disability of student <input type="radio"/> Disability of parent <input type="radio"/> Disability of spouse		Disability benefits statement or workman's comp benefits statement
<input type="radio"/> One-time income (examples: moving expense allowances, back-year Social Security payments, IRA or pension distribution)		Identify source and how funds were spent or invested

Attach a letter of explanation.

Provide anticipated GROSS resources for the following.
 If none, please enter zero.

	Jan 1, 2017 - Dec 31, 2017		Jan 1, 2017 - Dec 31, 2017	
	Parent 1	Parent 2	Student	Spouse
Wages, salary, tips, business income(including severance pay, and all income from work)				
Other taxable income. List source:				
Workman's Compensation Benefits, disability income				
Child support received				
Other untaxed income. List Source:				
TOTAL ANTICIPATED INCOME				

For Office Use Only

Initials _____

SIGNATURES ARE REQUIRED FOR ALL PERSONS REPORTING SPECIAL CONDITIONS ON THIS FORM: Only one signature is required. For example, parent signature required when submitting parent change of income.
 I certify that all information reported on this form and any attachment hereto is true, complete, and accurate.
 False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

 Student Signature (If applicable. No electronic signature.) Date

 Parent/Spouse Signature (If applicable. No electronic signature.) Date