

## 2022-2023 Change in Circumstance Form

The process of determining a student's eligibility for financial assistance is the same for all applicants; however, there is some flexibility when students and families incur significant changes in their ability to meet their educational costs. The most common types of appeals occur when families incur a loss of employment, the death of a student's parent/spouse, or there are significant medical expenses that are not covered by insurance.

New School will not consider: private secondary school tuition; credit card bills; car payments; previous educational loan debt.

To submit an appeal based on a change in financial circumstance to New School of Architecture and Design Financial Aid Office:

**STEP 1:** Complete and sign the Change in Circumstance Form (attached)

**STEP 2:** Along with the form attached to this cover letter, the individual experiencing the change in circumstance **must** submit their **2020 IRS Tax Return Transcript** and **W-2 statement(s)**.

**A IRS Tax Return Transcript may be obtained through:**

- Online Request - Go to [www.IRS.gov](http://www.IRS.gov), under the Tools heading on the IRS homepage; click "Get a Tax Transcript by Mail." Click "Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account Transcript."
- Telephone Request - 1-800-908-9946

Along with the IRS Tax Transcript and W-2 statement(s), families should also submit the documents listed below, depending on the specific appeal situation:

- Loss of Employment: Please submit the following:
  - A letter detailing your situation
  - Signed copy of complete 2020 Federal Income Tax Return Form (1040) with all schedules
  - 2019 Tax Transcripts
  - Copies of 2020 W-2's for student and spouse
  - Copies of current pay stub(s)
  - Copies of any other type of income and/or benefit
- Medical Expenses: You have incurred involuntary medical or dental expenses that are not covered by insurance and are in excess of the amount included in the Federal Methodology Formula (11% of the Income Protection Allowance, as defined by federal regulations) is required. Expenses prior to 2020 tax year or expenses to be paid in future tax years are not allowable. Please submit the following:
  - A letter detailing your situation
  - Signed copy of complete 2020 Federal Income Tax Return Form (1040) with all schedules
  - Copies of medical bill(s) and payment receipts

In the event additional information or documentation is required during the review process, we will notify you directly.

Please remember, granting appeals depends on the availability of funds. The submission of this form does not guarantee an adjustment or increase in your financial assistance. In the event we are not able to offer additional financial assistance, your counselor will make you aware of alternative options to finance your educational expenses.

## 2022-2023 Special Condition Request Form

Student Name: \_\_\_\_\_

Student ID:# \_\_\_\_\_

Complete, sign, and submit this form with the required documentation outlined above to the Financial Aid office. **All attached documentation should include the student's ID number for identification.** Please note that additional documentation not outlined above may be required as reviews are conducted on an individual case-by-case basis.

Decisions will be based on the individual circumstances detailed in your letter (be sure to include all relevant information, dates, explanations, circumstances, etc.) and the quality of the documentation provided. Submission of this request neither guarantees an adjustment to a student's award nor prevents the accrual of late fees on any unpaid student account balances. Incomplete submissions will not be reviewed.

### Special Condition Request(s)

Please indicate the nature of your Special Condition request below (check all that apply):

- Loss or significant change in parent's income and/or dependent student's income
- Loss or significant change in income for parents and independent students and spouse, if married
- Excessive medical and dental expenses
- Roth IRA Conversion
- HEROES Act
- Dependency Override
- Other

### Certification of Request

If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both. By signing below,

1. I/We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge.
2. I/We acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.
3. I/We recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances.
4. I/We will make arrangements to pay our bill on time and not wait for the outcome of our appeal on file.
5. I/We will return all required documents as requested with the student ID on each document.
6. I/We understand that students will be notified, in writing, of the appeal decision.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Bay State ID \_\_\_\_\_

Please describe what has caused the change in your family's financial circumstance (attach a separate sheet, if necessary).

**Please indicate whom is experiencing the change in circumstance:**

**The individual experience the change in circumstance is the student.** In the tables below, project your expected income from January 1, 2021 to December 31, 2021. Please submit accurate supporting documentation.

ESTIMATED TAXABLE INCOME	2021
Taxable wages	\$
Federal Work-Study earnings	\$
Interest and dividend income	\$
Rental/business income	\$
Capital gains/losses	\$
IRA/Pension distributions	\$
Unemployment compensation	\$
Other sources	\$
<b>TOTAL TAXABLE INCOME:</b>	<b>\$</b>

ESTIMATED UNTAXED INCOME	2021
PRE-tax pension contributions	\$
IRA/Keogh payments	\$
Tax-exempt interest/dividends	\$
Housing/living allowance	\$
Worker's compensation	\$
Child support received	\$
Non-educational veteran's benefits	\$
Other sources	\$
<b>TOTAL UNTAXED INCOME</b>	<b>\$</b>

**The individual experiencing the change in circumstance is the parent/step-parent.** In the tables below, project your expected income from January 1, 2021 to December 31, 2021. Please submit accurate supporting documentation.

ESTIMATED TAXABLE INCOME	2021
Parent 1/Step-Parent 1 taxable wages	\$
Parent 2/Step-Parent 2 taxable wages	\$
Interest and dividend income	\$
Rental/business income	\$
Capital gains/losses	\$
IRA/Pension Distributions	\$
Unemployment compensation	\$
Other sources	\$
<b>TOTAL TAXABLE INCOME:</b>	<b>\$</b>

ESTIMATED UNTAXED INCOME	2021
PRE-tax pension contributions	\$
IRA/Keogh payments	\$
Tax-exempt interest/dividends	\$
Housing/living allowance	\$
Worker's compensation	\$
Child support received	\$
Non-educational veteran's benefits	\$
Other sources	\$
<b>TOTAL UNTAXED INCOME</b>	<b>\$</b>

**Certification:** *I have read all information provided and certify the following:*

1. All appropriate documentation has been provided with this document. The review of the appeal will not occur if all
2. I understand that my financial aid counselor will review the appeal and I will be notified of the appeal outcome. I also understand that my appeal does not guarantee additional funding.
3. I certify that the information provided on this form and the accompanying documentation is true and correct to the best of my knowledge and belief. I agree to provide additional documentation if requested by Bay State.
4. I understand that underestimating projected income could result in reduced eligibility, repayment of aid, or both in the current or next academic year.

Student's/Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_