



LAKE FOREST
COLLEGE

2019 - 2020 Student Income Change Form

Complete this form if your total income will be significantly less in 2019 than it was in 2017.

Please Print

Student's Name: _____ Lake Forest ID# or last four of SSN: _____

I will be a new student at Lake Forest I am currently enrolled at Lake Forest I am applying for readmission

Daytime Phone: (_____) _____ - _____ E-Mail: _____

▶ Step 1. Check the box that most closely describes what happened.

- Loss of or decrease in work income. *Date of job loss/decrease: ___/___/___ Date of new job (if applicable) ___/___/___*
- Loss of or decrease in other taxable income.
- Unemployment received in 2017 that will not continue thru Dec 2019. *Dates unemployment received ___/___/___ to ___/___/___*
- One-time income received in 2017 that will not continue in 2019.
- Other _____

▶ Step 2. Required. Provide a detailed description of what occurred, and document your situation. Attach a page, if necessary.

Be sure to include documentation (letter from employer, termination letter, divorce court documentation, death certificate, etc.).

▶ Step 3. Required. Provide estimates for each line, for the time period July 1, 2019 – June 30, 2020. Do not leave any item blank.

Income Type

Income from Work, Student *	\$_____00	<input type="checkbox"/> Value will be "\$0.
Income from Work, Spouse *	\$_____00	<input type="checkbox"/> Value will be "\$0.
Unemployment Compensation	\$_____00	<input type="checkbox"/> Value will be "\$0.
Other Taxable Income #	\$_____00	<input type="checkbox"/> Value will be "\$0.
Untaxed Income ^	\$_____00	<input type="checkbox"/> Value will be "\$0.

* Found on W-2s or designated lines of federal tax return: 1040, #7+12+18+Box 14 (Code A) of K-1; 1040A, #7; or 1040EZ, #1.

Examples include interest/dividends, capital gains, pension, rent, S-Corporations, etc.

^ Examples include child support, contributions to tax-deferred pension/retirement, distributions from pensions/retirement, etc.

Certification: All information provided is true and complete to the best of my knowledge. I agree to provide any documentation that will verify the accuracy of this information. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Student's Signature _____

Date _____

If possible, please return as a .pdf by email along with any applicable supporting documents. It may also be faxed or mailed.

Office of Financial Aid ♦ 555 North Sheridan Road ♦ Lake Forest Illinois 60045-2338
www.lakeforest.edu/finaid ♦ finaid@lakeforest.edu ♦ Phone: 847-735-5103 ♦ Fax: 847-735-6271

Office Use Scanned Doc'n Complete: Yes No Data Entry Done Initials/Date: _____
Orig EFC: _____ Adj EFC: _____ Wk, Stu _____ Wk, Sp _____ AGI _____ Untxd _____ TxPd (PF / Hand Calc) _____

Notes: