



LAKE FOREST COLLEGE

# 2020 - 2021 Student Income Change Form

Complete this form if your total income will be significantly less in 2020 than it was in 2018.

Please Print

Student's Name: \_\_\_\_\_ Lake Forest ID# or Last four of SSN: \_\_\_\_\_

I am a new student at Lake Forest       I am a returning student at Lake Forest

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

➤ **Step 1.** Check the box(es) to identify 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 2018 that will not continue thru Dec 2020. **Dates unemployment received** \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
- One-time income received in 2018 that will not continue in 2020.
- Other \_\_\_\_\_

➤ **Step 2. Required.** Describe what occurred and document it (letter from employer, divorce court document, death certificate, etc.).

Please Print

➤ **Step 3. Required.** Provide estimates for each line, for the time period July 1, 2020 – June 30, 2021. **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.

➤ **Step 4. Signature**

**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 – we cannot accept a typed 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  
[lakeforest.edu/finaid](http://lakeforest.edu/finaid) ♦ [finaid@lakeforest.edu](mailto:finaid@lakeforest.edu) ♦ Phone & Fax: 847-735-5103

Office Use Scanned  Data Entry Done  Doc'n Complete  Yes  No    If "no" family notified \_\_\_/\_\_\_    Initials/Date: \_\_\_\_\_  
Orig EFC: \_\_\_\_\_ Adj EFC: \_\_\_\_\_ Wk, Stu \_\_\_\_\_ Wk, Sp \_\_\_\_\_ AGI \_\_\_\_\_ Untxd \_\_\_\_\_ TxPd (PF / Hand Calc) \_\_\_\_\_

Notes: \_\_\_\_\_ NEW RETG