LAKE FOREST COLLEGE	2021 - 2022 Income Change Form Parent: Work-Related
Complete this form if the <u>work-related income</u> of the parent(s) who completed your FAFSA will be significantly less in 2021 than 2019. Examples include : decrease in salary/commission, job loss, overtime reduced/eliminated, unemployment benefits reduced/eliminated.	
Please Print Student's Name: I am a new student at Lake Forest I am a new student at Lake Forest Affected Parent: Parent's Daytime Phone: Parent's	dent at Lake Forest Completing this Form:
> Step 1. Check the box(es) to identify what happened.	
Job Loss Effective Date:// New Job Effective Date:// Other (describe, including applicable dates):	 Reduced work income Effective Date:// Unemployment benefits ended Effective Date://
> Step 2. Describe what occurred, and document your situation (letter from employer, death certificate, etc.).	
 Step 3. Required. Provide estimated income from July 1, 2021 – June 30, 2022. Refer to FAFSA for who are Parents 1& 2. Provide a response for every line item (or check "value will be \$0) 	
Income, Type Income from Work, Parent 1 * First name: Income from Work, Parent 2 * First name: Unemployment Compensation Other Taxable Income # Untaxed Income ^ * Found on W-2s or designated lines of federal tax return: 1040, s # Examples include interest/dividends, capital gains, pension, rem ^ Examples include child support, contributions to tax-deferred per	\$00 Value will be \$0. #7+12+18+Box 14 (Code A) of K-1; 1040A, #7; or 1040EZ, #1. at, S-Corporations, 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.	
Office of Financial Aid 🔶 555 North Sherid	Date plicable supporting documents. It may also be faxed or mailed. ian Road Lake Forest Illinois 60045-2338 rest.edu Phone & Fax: 847-735-5103
Office Use Scanned Data Entry Done Doc'n Complete Yes N Orig EFC: Adj EFC: Wk, P1 Wk, P2 Notes:	No If "no" family notified/ Initials/Date: AGI Untxd TxPd (PF / Hand Calc) NEW RETG