

2026 - 2027 Student Income Change Form

Complete this form only if your 2024 income was *greater than* \$11,000 and your 2026 income will be significantly less than 2024. If you are married today, you must include your spouse's estimated income. Please Print Lake Forest ID# or Last four of SSN: ___ Student's Name: ☐ I am a new student ☐ I am a returning student Whose income is affected: ☐ Student ☐ Spouse Daytime Phone: (______ - ___ E-Mail: ____ > Step 1. What month and year did or will the income change take place? > Step 2. Details of the change. Examples: job loss, decrease in pay, one-time income, rollover, unemployment ended, etc. Include the certainty of, reason for and duration of the change(s). Example: I had two jobs in 2024 (55 hrs/wk) but will only work one part-time job once school begins in August; 20 hrs/wk, \$15/hr. > Step 3. Provide estimated income for every line item, from July 1, 2026 to June 30, 2027 Income, Type Income from Work*, ☐ Value will be \$0 Income from Work*, Spouse ☐ Not currently married ☐ Value will be \$0 Unemployment Compensation ☐ Value will be \$0 ☐ Value will be \$0 Other Taxable Income # Adjustments to Income @ ☐ Value will be \$0 Untaxed Income ^ ☐ Value will be \$0 Line references are to 2024 IRS Forms * Found on W-2, Box 1 or these items: 1040 Line 1z + Schedule 1, lines 3 + 6 # Examples from 1040; capital gains (Line 7), taxable interest/dividends (Lines 2b & 3b); from Schedule 1: alimony (Line 2), gambling (Line 8b), rent/S-Corp (Line5), unemployment (Line 7), IRA/pensions (Lines 4b & 5b); etc. @ Found on IRS Schedule 1, line 26. Examples include alimony paid, educator expenses, health savings account deduction, Selfemployed SEP, SIMPLE, and qualified plans, self-employed health insurance deduction. ^ Examples: untaxed portion of IRA/pension distributions (1040 line 4a-4b and 5a-5b), payments to IRA or self-employed SEP, SIMPLE and qualified plans (Schedule 1, lines 16 + 20). Do not include payments to tax-deferred pension and retirement savings plans. > 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 mailed or faxed. Office of Financial Aid ◆ 555 North Sheridan Road ◆ Lake Forest Illinois 60045-2438 lakeforest.edu/finaid ◆ finaid@lakeforest.edu ◆ Phone: 847-735-5103 ◆ Fax: 847-735-6271 Office Use Scanned Data Entry Done Doc'n Complete Yes No If "no" family notified __/__ Initials/Date: ______

Orio FFC: Add FFC: W/k Stru Wk, Sp ____ AGI ____ Untxd ____ TxPd (PF / Hand Calc) ____ NEW RETG