



LAKE FOREST
COLLEGE

2019 - 2020 Income Change Form Parent: Work-Related

Complete this form if the work-related income of the parent(s) who completed your FAFSA will be significantly less in 2019 than 2017.
Examples include: decrease in salary/commission, job loss, overtime reduced/eliminated, unemployment reduced/eliminated.

Student's Name: _____ Last four digits of SSN: _____ Student Type: New Returning
Parent's Name: _____ E-Mail: _____ Daytime Phone: ____ - ____ - _____

➤ Step 1. Check the box(es) that best describe what happened.

- | | | | |
|--|-----------------------------|--|-----------------------------|
| <input type="checkbox"/> Job Loss | Effective Date: ___/___/___ | <input type="checkbox"/> Reduced work income | Effective Date: ___/___/___ |
| <input type="checkbox"/> New Job | Effective Date: ___/___/___ | <input type="checkbox"/> Unemployment benefits ended | Effective Date: ___/___/___ |
| <input type="checkbox"/> Other (describe, including applicable dates): _____ | | | |

➤ Step 2. Required. Provide a detailed description of what occurred, and document your situation. Attach a separate page, if necessary. Documentation may include letter from employer, termination letter, 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. Refer to FAFSA for which is Parent 1 and Parent 2.

Income, Type

Income from Work, Parent 1 *	First name: _____	\$ _____ .00	<input type="checkbox"/> Value will be \$0.
Income from Work, Parent 2 *	First name: _____	\$ _____ .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.

Parent'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 N Sheridan Rd ♦ Lake Forest IL 60045 ♦ 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, P1 _____ Wk, P2 _____ AGI _____ Untxd _____ TxPd (PF / Hand Calc) _____

Notes: _____ NEW RETG