



LAKE FOREST COLLEGE

2020 - 2021 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 2020 than 2018. **Examples include:** decrease in salary/commission, job loss, overtime reduced/eliminated, unemployment benefits reduced/eliminated.

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

Affected Parent: _____ Parent Completing this Form: _____

Parent's Daytime Phone: (_____) _____ - _____ Parent's E-Mail: _____

➤ **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.).

Please Print

➤ **Step 3. Required.** Provide estimated income from July 1, 2020 – June 30, 2021. Refer to FAFSA for who are Parents 1 & 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.

➤ **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.

Parent'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 ♦ 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, P1 _____ Wk, P2 _____ AGI _____ Untxd _____ TxPd (PF / Hand Calc) _____

Notes: _____ NEW RETG