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Complete this Change in Financial Circumstances Form to report special circumstances that may impact your or your family's ability to pay your educational expenses at Duquesne University for the 2025-26 academic year. Before your Change in Financial Circumstances Form will be reviewed, Duquesne must have received a 2025-26 Free Application for Federal Student Aid (FAFSA), and if applicable, all documents requested for verification. Duquesne University will review a student's financial aid eligibility when a special condition or circumstance arises that will affect the total family income by more than \$5,000 for the 2024 calendar year.

By completing this form and returning required documentation, the Office of Financial Aid will be able to determine whether you may be eligible for additional financial aid funding. This form cannot, however, determine an increased eligibility for the Pennsylvania State Grant (Pennsylvania residents only).

Pennsylvania State Grant recipients should contact the Pennsylvania Higher Education Assistance Agency (PHEAA) at 1-800-692-7392 in order to be considered for further PHEAA Grant funding. PA State Grant forms can also be found online at <http://www.pheaa.org/stategrants/forms>.

NOTE: This form does not guarantee a change in the amount of financial aid that you have previously been awarded. Your 2025-26 Free Application for Federal Student Aid (FAFSA) data will be reviewed as part of the special circumstances process. Original award amounts may increase or decrease as a result of this process.

Name _____

Duquesne ID # _____

Mailing address _____

Street

City

State

ZIP Code

Permanent phone number _____

Along with this form you **must** submit the following items:

(1) Signed copy of 2024 federal income tax return (Form 1040)

If **dependent**: Signed copy of parent(s) 2024 federal income tax return

If **independent**: Signed copy of student and spouse 2024 federal income tax return

(2) 2024 W-2 Form(s) – Wage and Tax Statement

If **dependent**: Parent(s) 2024 W-2 Form(s)

If **independent**: Student and Spouse 2024 W-2 Form(s)

- (3) Letter of benefits from the Department of Labor and Industry if you, your parent, or spouse receives unemployment compensation
- (4) Required documentation for your specific circumstance, section 1
- (5) Documentation of income earned to date, section 2
- (6) Statement explaining the reasons for your request for a change in financial circumstances, section 3

SECTION ONE: Special Circumstances

Indicate the appropriate reason for your request for reconsideration and the date that the change occurred. Provide any applicable documentation regarding the situation as listed below. **NOTE: ALL REQUIRED DOCUMENTATION MUST BE ON FILE BEFORE WE WILL REVIEW YOUR REQUEST.**

<u>Special Circumstance</u>	<u>Required Documentation</u>	<u>Date of change</u> (MM/DD/YYYY)
☐ Disability ☐ Parent ☐ Student ☐ Spouse	Official medical statement	_____
☐ Death ☐ Parent ☐ Spouse	Copy of Death Certificate	_____
☐ Involuntary loss or reduction of employment or wages ☐ Parent ☐ Student ☐ Spouse	Signed letter from employer with date of separation on company letterhead	_____

☐ Loss or reduction of unemployment compensation

☐ Parent

☐ Student

☐ Spouse

Letter of benefits from the Department

of Labor and Industry

☐ Retirement

☐ Parent

☐ Spouse

Signed letter from employer with date

of separation on company letterhead

☐ Separation or divorce

☐ Parent

☐ Student

Proof of separate households

(e.g.: Copy of monthly bills with separate addresses or copy of lease or mortgage)

☐ Loss or reduction of one time income

☐ Parent

☐ Student

☐ Spouse

Documentation of one time income

☐ Loss or reduction of untaxed income

☐ Parent

☐ Student

☐ Spouse

Documentation of one time income

☐ Unusual expenses (please select one)

- | | |
|--|-------------------------------------|
| ☐ Excessive out of pocket medical expenses | Receipts or itemized detail of cost |
| ☐ Natural disaster | Copy of insurance claim |
| ☐ Tuition paid for dependents in elementary or secondary school | Proof of payment |

SECTION TWO: Expected 2025 Taxed and Untaxed Income

Complete the following information regarding your family's estimated 2025 taxed and untaxed income according to the following guidelines:

1. **Dependent students:** Parents should complete this form using parental income only (no student income should be used). When applicable, provide information for step-father and/or step-mother.
2. **Independent students:** Figures reported on this form should reflect both the student and spouse's (if applicable) income. Do not include any parental income.
3. Do not leave items blank.
4. Indicate a "zero" when applicable.
5. Round amounts to the nearest dollar.
6. The **actual amount** is the amount received year to date. Attach a copy of documents verifying all actual amounts.
7. The **estimated amount** is what you estimate you will receive for the remainder of 2025.

Taxed Income, 2025	Actual amount:	Estimated amount:
Wages, salaries, tips		
Father	\$	\$
Mother	\$	\$
Student	\$	\$
Spouse	\$	\$
Pension and annuities	\$	\$
Interest/dividend income	\$	\$
Business or farm income	\$	\$
Capital gains	\$	\$
Alimony received	\$	\$
Unemployment compensation	\$	\$
Other taxable income (explain below)	\$	\$

Subtotal:	\$	\$
Total estimated 2025 taxed income: (actual amount plus estimated amount)		\$

*If the total taxed income is greater or equal to that reported on the FAFSA, this change will not be processed.

Untaxed Income, 2025	Actual amount:	Estimated amount:
Social Security benefits	\$	\$
Public assistance	\$	\$
Child support received	\$	\$
Housing allowances	\$	\$
Retirement of disability benefits	\$	\$
Worker’s compensation	\$	\$
Payments to tax-deferred pension or savings plans	\$	\$
Other untaxable income (explain below)	\$	\$
Subtotal:	\$	\$
Total estimated 2025 untaxed income: (actual amount plus estimated amount)		\$

SECTION THREE: Summary

Explain in detail the reason(s) for your request for special consideration. Attach supporting documentation if applicable. Please attach a second page if you need more space to explain your circumstances.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION FOUR: Certification

The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the financial aid office of any changes in the above information. By signing this form, I understand that the data provided will be verified with federal tax returns, W-2 forms, and other documentation determined by the school.

Student's signature

Date _____

Parent's signature (if "dependent" student)

Date _____

Student's spouse signature (if applicable)

Date _____

SUBMISSION OF THIS FORM IS NOT A GUARANTEE OF INCREASED NEED-BASED FINANCIAL AID. PLEASE ALLOW UP TO 12 WEEKS FOR PROCESSING DURING PEAK TIMES (MAY – SEPTEMBER)