
Student's Name (please print)

Mercyhurst Student ID

If your family's financial circumstances are substantially less than what was reported on the 2023-24 FAFSA, complete this form and attach documentation. Student Financial Services (SFS) will include this information in their evaluation. Submission of this form does not guarantee a change to your eligibility. Appeal decisions are final and cannot be further appealed. **The deadline to appeal is March 1, 2024.**

Options to submit forms and documents:

Mail: Mercyhurst Student Financial Services
501 East 38th Street
Erie, PA 16546

Email: fsverif@mercyhurst.edu
Fax: 814-824-2072
(Redact SSN and Banking Information.)

Allow 3-4 weeks processing time after ALL forms and documents are received.

SUBMIT REQUIRED DOCUMENTATION

- Statement of Circumstances (See back of form.)
- Signed and dated copies of 2021 and 2022 Federal Income Tax Returns, including all schedules
- 2021 and 2022 W-2(s) and/or 1099(s)

Date income change occurred:

SELECT CIRCUMSTANCE & SUBMIT ADDITIONAL DOCUMENTATION

Check all circumstances that best apply. Submit the document(s) listed for each applicable circumstance.

Loss / Change in Employment

A significant loss of income due to unemployment or a job change occurring at least 12 consecutive weeks.

- Unemployment — Provide termination notice and unemployment records that list a start/end date and monthly amount received.
- Job Change — Provide your most recent paystubs from your current and prior employers.

Loss / Reduction in Benefits or Income

A significant loss of benefits from what was reported on the FAFSA and/or a significant increase in expenses.

- Unemployment Benefits — Provide a statement from the agency that shows the loss/cancellation of benefits.
- Child Support — Provide dated court documentation showing the amount of child support paid, lost, or reduced.
- Alimony — Provide dated court documentation showing the amount of alimony paid, lost, or reduced.
- Medical Expenses — Provide dated documentation showing the amount of medical expenses paid after insurance coverage.
- Other — Provide a statement and third-party documentation showing the loss/cancellation of benefits or increased expenses.

Separation / Divorce / Death of Parent

If separation, divorce, or death occurred after filing the FAFSA

- Separation — Provide proof of **each parents'** different addresses/residences (utility bill, **driver's license, copy of lease, etc.**).
- Divorce — Provide a dated copy of the divorce decree.
- Death — Provide a dated copy of the death certificate.

One-Time, Taxable Income (IRA pensions distribution, etc.)

If a non-recurring, lump sum distribution(s) was reported on the FAFSA.

- Provide Form 1099 or other proof of distribution amount.
- Provide a signed statement detailing how the non-recurring income was spent and why it is not available to pay college expenses.

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COMPLETE THIS PAGE ONLY IF INCOME CHANGE OCCURRED AFTER JANUARY 1, 2023.

Families with financial changes that occurred in the 2023 calendar year must complete this form and include it with their Reduction of Income Appeal. SFS will include this information in their evaluation. Submission of this form does not guarantee a change to your eligibility. Reduction of Income Appeal decisions are final and cannot be further appealed. **The deadline to appeal is March 1, 2024.**

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Asset Information	Student Assets	Parent Assets
Current amount of cash, savings, and checking	\$	\$
Current net worth or real estate/investments (other than home)	\$	\$
Current net worth of farm or business	\$	\$

2023 Estimated Income Information

Please provide **the parents'** earned and anticipated taxable and untaxable income figures for **January 1 through December 31, 2023**. Income items listed should be amounts prior to exemptions, adjustments, or deductions. If any line item does not apply, enter zero. Provide documentation for all income items entered. If you are unable to estimate the total income at this time, please contact Student Financial Services.

Parent Income Items	Earned Income (Jan. 1, 2023 to Today)	Estimated Income (Today to Dec. 31, 2023)	Total Income (Earned + Estimated)
PARENT 1's income earned from work	\$	\$	\$
PARENT 2's income earned from work	\$	\$	\$
Net Income from business or farm	\$	\$	\$
Net rental income or loss	\$	\$	\$
IRA Distributions/Pension Distributions	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Alimony received	\$	\$	\$
Child Support received	\$	\$	\$
Social Security benefits	\$	\$	\$
Untaxed Retirement or disability benefits	\$	\$	\$
Veterans' non-education benefits	\$	\$	\$
Other untaxed income. INDICATE SOURCE(S):	\$	\$	\$

CERTIFICATION

By signing this document, I certify that all information provided on this form, including supporting documentation is true and complete to the best of my/our knowledge. I further understand that purposely providing inaccurate or false information may result in denial, reduction, withdrawal and/or repayment of financial aid, legal action, imprisonment and/or fines. I agree to provide additional documentation, if requested. I understand that if at any time there is a change in the estimate of the income that was submitted on this form, I will notify the Office of Student Financial Services. I understand that submission of a Reduction of Income Appeal does not guarantee my financial aid will be adjusted and I am responsible for any outstanding balance owed to the university. I further understand that the appeal decision is final and cannot be overturned. The authority to perform professional judgment is specifically restricted to financial aid administrators.



Acceptable signatures include blue or black ink, an electronic **signature using a stylus or finger, or an image of the individual's** signature affixed to the form. Typed signatures using font text will NOT be accepted.

Student Signature _____

Phone Number _____

Date _____

Parent Signature _____

Phone Number _____

Date _____