



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM  
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Office of Financial Aid and Scholarships  
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Student Name \_\_\_\_\_ 2022-23  
Student ID or Star ID \_\_\_\_\_ Change of Income Review  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Completing this form is the first step in the process of allowing the Financial Aid Office to consider a change of income from your FAFSA data. Please note that additional information will be requested after this form is submitted.

Please select which family member's income has changed: \_\_\_\_\_ Student \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

**You are required to turn in the following documents:**

- A detailed letter explaining your circumstances and reasoning for this request
- A signed copy of the 1040 federal tax return for 2020

Please select which situation(s) below applies to you and submit this form with all additional requested documentation.

\_\_\_\_\_ **Your income is now significantly lower than it was in 2020**

Additional Documentation Required:

- Proof of your current income (recent paystub, letter from employer), OR
- Unemployment statement if receiving unemployment earnings

\_\_\_\_\_ **You have had a loss or reduction on an untaxed income or benefit which was received in 2020**

Additional Documentation Required:

- If applicable, letter or document from the agency/organization from which the benefit was received indicating the last date of benefit or reduction of benefit
- Loss of child support – documentation of child support order

\_\_\_\_\_ **You have had substantial medical or dental expenses that are not covered by insurance.**

Additional Documentation Required:

- Copies or receipts and/or canceled checks for medical and dental payments or copy of the IRS schedule A for the most recent tax filing year

\_\_\_\_\_ **Other:** Please complete this form and return to Financial Aid. An administrator will be in touch about what documentation will be needed for your situation.

The information I am providing with the Change of Income request is true and accurate to the best of my knowledge. I understand that no adjustment will be made to the financial aid application without the appropriate supporting documentation and that the Financial Aid administrator will ask for additional documentation in addition to the items listed under each category.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if needed): \_\_\_\_\_ Date: \_\_\_\_\_