

2025-2026 Change in Family Circumstances Form

Student's Name: _____ Campus Key: _____

The Office of Financial Aid at Thomas Jefferson University - East Falls understands that the 2025-26 FAFSA may not accurately capture important information that impacts your financial aid eligibility.

Submitting this form will allow the Office of Financial Aid to reconsider the specific information provided on your 2025-26 FAFSA which was used to determine the amount or type of awarded aid. If approved, this may result in an increase in your determined financial need, which could result in additional financial aid.

A review of your situation and submitted documents does not guarantee an adjustment to your financial aid eligibility. You will be notified when the processing of the submitted information is finalized. Please allow 2-3 weeks for a final determination once all documentation has been submitted.

Certification (parent signature required if student is dependent):

To the best of my knowledge, the information submitted is true and complete. I understand that misrepresentation of facts in connection with this request may result in cancellation and repayment of federal financial aid.

Student Signature

Parent Signature (if student is dependent)

Date

Date

All items should be returned to the Financial Aid Office in-person, by mail, or by fax.
Documents sent electronically should be submitted via secure password-protected files.

East Falls Campus fax: 215-951-2941

Please identify the special circumstance(s) from the list below and check the applicable box(es) for the person(s) affected. **Additional documents may be requested.**

| Special Circumstance(s) | Explanation | Person(s) Affected | Required Documentation |
|------------------------------|---|--|---|
| Employment Change | Student/spouse and/or parent(s) had a significant loss of income in 2024 and/or 2025 due to a period of employment, a change of job. Loss of employment or reduction in income from work must have lasted at least 6 weeks. | <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent | <ul style="list-style-type: none"> • 2024 <i>signed</i> IRS Tax Return (1040 Form and Schedules 1, 2, and 3, if applicable), W-2 and/or 1099 Forms • Unemployment payment record • Letter from employer(s) on letterhead, certifying the last date of employment or reduction of work hours or pay rate • 2025 most recent paystubs • Personal letter of explanation |
| Income Loss/ Benefit Loss | Student/spouse and/or parent(s) <ul style="list-style-type: none"> • earned income in 2023 but have not been able to earn income since because of a disability or natural disaster that occurred in 2024 or 2025. • received unemployment compensation and/or untaxed benefits in 2023 but have lost the benefit in 2024 and/or 2025. | <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent | <ul style="list-style-type: none"> • 2024 <i>signed</i> IRS Tax Return (1040 Form and Schedules 1, 2, and 3, if applicable), W-2 and/or 1099 Forms • 2025 most recent paystubs • Statement from agency with effective date(s) of loss/ cancellation of benefits and year to date statement of benefits • Personal letter of explanation |
| Medical Expenses | Student/spouse and/or parent(s) have incurred significant medical expenses | <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent | <ul style="list-style-type: none"> • Copy of invoice from provider indicating patient responsibility AFTER all applicable insurance coverage. • Copy of receipts for personal payments to providers • Copy of Explanation of Benefits (EOB) from insurance provider for covered expenses • Personal letter of explanation |
| Divorce/Separation | Student or parent divorced or separated (physically and financially) after filing the FAFSA. | <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent | <ul style="list-style-type: none"> • Copy of divorce decree or legal separation statement and proof of different addresses (utility bill or lease) • 2024 signed IRS Tax Return (1040 Form and Schedules 1, 2, and 3 if applicable), W-2 and/or 1099 Forms for both parents • Child support received or paid • Personal letter of explanation |
| Death | Death of spouse or parent after filing a FAFSA. | <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent | <ul style="list-style-type: none"> • 2024 <i>signed</i> IRS Tax Return (1040 Form and Schedules 1, 2, and 3, if applicable), W-2 and/or 1099 Forms, most recent paystubs • Social Security Benefits (if applicable) • Copy of death certificate and personal letter of explanation |