SECTION I: DECREASE IN PARENT/STEPPARENT INCOME / RESOURCE:
Parent(s): The standard calculation from the FAFSA uses the 2015 calendar year income and resources. If you have had a permanent change resulting in a substantial decrease in expected income, you should complete Section I. Also complete Section I if the decrease is due to a reduction or termination in child support received, or other loss of resource(s).
1. Report the date and reason of the change
2. Report your actual 2016 income and resources
3. Report your estimated expected 2017 income and resources using the best information available today.
   
   How to estimate your expected 2017 income: For example, if you were laid off at the end of February 2017 you would put in the actual amount you earned from January 1, 2017 to February 28, 2017 and then add in the estimated amount you will earn (if any) from March 1, 2017 to December 31, 2017. This would be the total gross income from work for your estimated expected income for the entire 2017 calendar year.

Be sure to answer all questions, do not leave any blanks otherwise this revision form will not be processed and will be returned to you.

Note: A ‘substantial decrease’ is defined as at least 25% less income in 2016 and/or 2017 than it was in 2015. Additional information such as a copy of your 2015 tax return, a copy of your 2016 or 2017 tax return, etc. may be requested.

SECTION II: CHANGE IN PARENT MARITAL STATUS:

Parent(s): If you have become widowed, divorced or separated since filing the FAFSA, complete Section II (see note below defining your “parent of record”). Report the date and nature of the change. We may be able to adjust the student's financial aid eligibility using only the parent of records' income and assets. If you have married after completing the FAFSA, you do not have to report it this year, unless you are requesting a revision. In that case, your and your spouse's information must be reported on this revision request and on future FAFSA applications.

Note: Defining the student's parent of record
If a student's parents are divorced or separated and not living together, the “parent of record” (the parent whose information must be provided) for financial aid purposes is the parent with whom the student lived with the most in the 12 months prior to completing the FAFSA. If the student did not live with one parent more than the other, the “parent of record” is the parent who provided the most support to the student in the last calendar year the student received support from either parent. If that parent is married, the student must also report stepparent information. If the student's parents are divorced/separated, but are living together, the student must report both parents' information. Additionally, if the student's biological or adoptive parents are not married to each other and live together, the student must provide information about both parents, regardless of their gender.
SECTION III: OTHER PARENT/STEPPARENT FINANCIAL SITUATION CHANGES:

Parent(s): If you have any other financial situation changes such as the examples below, you will need to provide a separate signed statement along with supporting documents to our office. Please make sure to include the student name, student UW ID# if available (if not, include the last four digits of the student’s social security number), and your name, along with your signature and date.

FAMILY MEDICAL EXPENSES:

Parent(s): If your family has experienced or is experiencing a decrease in available resources due to medical and/or dental expenses not paid by insurance, you can submit supporting documentation of those expenses. We can only consider costs that were not covered by insurance or are non-elective procedures. If you would like medical costs to be considered, please submit a signed statement and documentation that includes the following:

1. The total amount of expenses incurred in either the 2016 and/or 2017 calendar year(s)—please note: we can only look at expenses during this time period.
2. Billing statements from the providers and/or insurance summaries that include the following information: the patient's name, the name of the primary insurance holder, the care provider's information, gross charges, amount(s) paid by insurance (if any), and the date(s) of treatment.
3. If consideration is desired for elective care, a statement of special circumstances is required.

K-12 SCHOOL TUITION PAID FOR DEPENDENT CHILDREN:

Parent(s): The University of Washington regards K-12 private school expenses as discretionary. However, there may be circumstances that compel the family to choose private education. If such a situation impacts your family's available resources, and you would like us to consider these costs, please submit a signed statement and documentation that includes the following:

1. A statement explaining why the family considers private school attendance essential.
2. The tuition charges and related expenses, the name and age of the child, the name and location of the school, any break down in tuition and other related costs associated with attendance.
3. Any other supporting documentation that you may have to support the need for private school attendance.

PARENT COLLEGE EXPENSES:

Parent(s): The standard calculation from the FAFSA does not consider the costs associated with parents in college. Please note that we are not able to consider your student loan payments. If you are attending at least half time in a degree seeking program, and you would like us to consider their costs, please submit a signed statement and documentation that includes the following:

1. A brief statement that reports the amount of college expenses for 2017-2018, which parent is enrolled, the name and location of the college or university, their degree program, and the expected number of credits enrolled per term in 2017-2018.
2. Indicate whether that parent will receive any financial aid (attach a copy of the award notice), employer reimbursement (state policy and amount), or other assistance related to attendance.

OTHER CIRCUMSTANCES/FAMILY CHANGES:

Parent(s): We may be able to entertain other situations not specifically addressed on this form. Please provide a written explanation of your family’s situation. Be very specific. We will notify you if we need more information.

***Please note that incomplete or undocumented requests will not be processed and will be returned to you for clarification.***

105 Schmitz, Box 355880, Seattle, Washington 98195-5880/ Please see our website for current office hours
206.543.6101 / Fax: 206.685.1338 / osfa@uw.edu / finaid.uw.edu

R 17-18 RR P INC 2/2
2017-2018 REVISION REQUEST  
REGARDING A CHANGE IN FINANCIAL SITUATION – PARENT

Student Name:  
(last) (first) (middle initial)  
Last Four Digits of Student SSN: XXX - XX - _______  
UW Student ID #: ____________________

Section I: DECREASE IN PARENT/STEEPPARENT INCOME/RESOURCE

Parent(s): Complete this section if you have had a permanent change resulting in a substantial decrease in expected income and/or if the decrease is due to a reduction or termination in child support and/or other loss of resource. If there is also a change in your marital status, complete Section II (refer to the instructions page).

You may need to submit additional documents if requested.
►► If the answer is zero, please indicate ‘0’ or ‘N/A’. We are not able to accept blank as an answer.

Name of parent 1 (father/mother/stepparent) with decrease: ________________________________________________
Date(s) of decrease: _____________________________________________________
Reason(s) and nature of decrease: _______________________________________________________________________
________________________________________________________________________________________________________

Name of parent 2 (father/mother/stepparent) with decrease: ________________________________________________
Date(s) of decrease: _____________________________________________________
Reason(s) and nature of decrease: _______________________________________________________________________
________________________________________________________________________________________________________

---

Parent(s):
Provide your income for both the 2016 and 2017 years.

TAXABLE INCOME

2016 Actual Income (1/1/16 - 12/31/16) 2017 Estimated Income (1/1/17 - 12/31/17) (DO NOT LEAVE ANY BLANKS)

Parent 1 (father/mother/stepparent) gross income from work: $___________ $___________
Parent 2 (father/mother/stepparent) gross income from work: $___________ $___________
Unemployment: $___________ $___________
Other taxable income (interest, dividends, alimony, capital gains, rental income, taxable Social Security, etc.): $___________ $___________

UNTAXED INCOME AND BENEFITS

Housing or other living allowance (for military, clergy, and others) excluding the value of on-base or basic allowance for military housing: $___________ $___________
Child support: $___________ $___________
All other untaxed income and benefits (disability, L&I, etc.): $___________ $___________
Name of other untaxed income if indicated above: ________________________________

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I certify the information provided on this form is true and complete to the best of my knowledge. If a revision is approved, I agree to report any increase in estimated income or resources to the University of Washington Office of Student Financial Aid.

Parent Name: ________________________________
Parent Signature: _____________________________ Date: ______________________
Section II: CHANGE IN PARENT MARITAL STATUS (to be completed by Parent of Record)

Parent(s): Complete this section if you have a change in marital status. Report the type, date and nature of the change below (refer to instructions page for clarification).

►► If the answer is zero, please indicate '0' or 'N/A'. We are not able to accept blank as an answer.

Nature of change (widowed, separated or divorced): __________________________________________________________

Date of change: ____________________________________________

If you are divorced or separated—is the other parent still living with you? □ Yes or □ No

  o If yes, complete Section I of this form if there has been a decrease in income.
  o If no, complete the Household Size - Parent form below.

☐ I have read the definition of “parent of record” and I meet the definition.

HOUSEHOLD SIZE

Parent of Record: Provide the names of ALL people included in your household, their ages, their relationship to the student, and the name of any accredited postsecondary educational institution they are attending at least half time any time between 7/1/2017 and 6/30/2018.

- List your other children if you will provide more than half of their support from 7/1/2017 to 6/30/2018. Do not list foster children. Also include any other people if they currently live with you and you provide more than half of their support and will continue to do so through 6/30/2018.
- If a member is enrolled in Running Start, DO NOT include the college name for that person.

<table>
<thead>
<tr>
<th>Full Name of Household Member</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>College Name</th>
<th>Enrolled at Least Half Time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student</td>
<td></td>
<td>N/A</td>
<td>UW</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Parent of Record (father/mother/stepparent)</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>[ ] Yes or [ ] No</td>
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<tr>
<td>4.</td>
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<td>[ ] Yes or [ ] No</td>
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<td>5.</td>
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<td>[ ] Yes or [ ] No</td>
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<td>6.</td>
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<td>[ ] Yes or [ ] No</td>
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<td>7.</td>
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<td>[ ] Yes or [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>[ ] Yes or [ ] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Office Use Only:

Parent 1 Income Used: $ __________ Parent 2 Income Used: $ __________ AGI: $ __________

Tax Amount: $ __________ Untaxed Income: $ __________ Exclusion Income: $ __________

[ ] Professional Judgment Used [ ] Projected Income Better Reflects Circumstances [ ] Other: __________________________________________

[ ] Dislocated Worker(s)? [ ] Check PY RR? [ ] Check PY IM? [ ] Check SFF202 Edits? [ ]

Decision: (Approve/Deny/Pend/NA): _________________________ Counselor Initials: _____________ Date Processed: ________________

Notes: __________________________________________________________________________________________