



Bentley University
 Office of Financial Assistance
 175 Forest Street
 Waltham, MA 02452-4705
 phone (781) 891-3441
 fax (781) 891-2448

COVID-19 Related Impact 2020-2021 Academic Year

We designed this form to give you an opportunity to provide additional and current financial information that will give the Office of Financial Assistance more context regarding any COVID-19 related situations that may have an impact on your ability to contribute to educational costs for the 2020-21 academic year.

Eligibility for financial aid for the 2020-21 academic year is calculated using 2018 calendar year income. In many cases, current actual income for families may be equal to or higher than 2018. If this is the case, it is unlikely that any we will be able to use current income as a basis for our calculation of your financial need. In cases where family income differs significantly from 2018 income, we are able to use professional judgment to adjust our calculation of your financial need. However, when family income is still in flux it is difficult for families to predict their estimated 2020 income and therefore difficult for Bentley to respond with additional financial aid based on 2020 income. While we cannot guarantee that we can use estimates of 2020 income as a basis for our calculation, any information you can provide that will help us understand your current situation and will be considered as we determine aid eligibility for 2020-21.

Please complete this form and email it to finaid@bentley.edu.

Name of Student:	Bentley ID:
Name of Parent 1:	Name of Parent 2 (if applicable):

Part I. Change in Household Income for 2020

A. Change in Household Income/Parental Employment

If a parent has experienced a job loss or change for any reason, or a significant (20% or greater) loss of income, please include the information below. Please also complete Part II of this form and document the change *with recent pay stubs, severance agreement, unemployment income, or other third party confirmation.*

Please give a brief explanation, including date of change in income:

B. Loss or Reduction of Other Income (Social Security, child support, unemployment benefits, etc.)

Please send/attach supporting documentation.

Type of benefit lost or reduced:	Amount received in 2018:
Person who lost the benefit:	
Date last payment is expected:	Amount of reduction/loss:

C. High Unreimbursed Medical or Dental Expenses

Complete this section only if your family incurred unreimbursed medical and dental expenses in excess of 7.5% of parents' adjusted gross income (AGI.) If you did not itemize these expenses on the Schedule A of your tax return, please attach receipts for all costs included below.

Total unreimbursed medical/dental expenses for 2019:
Total unreimbursed medical/dental expenses for 2020:_____

D. Other Special Circumstances

If no category of appeal on this form describes your situation, please attach an explanation of your circumstances with as much detail and documentation as possible.

Part II. 2019 and 2020 Projected Income for Parents

Enter "0" if no income of a certain type is expected for the year.

<u>Taxable Income</u>	<u>Actual 2019</u>	<u>Estimated 2020</u>
Adjusted Gross Income (AGI)	\$ _____	\$ _____
Parent 1 work income	\$ _____	\$ _____
Parent 2 work income	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Interest and dividend income	\$ _____	\$ _____
Business or real estate income/loss	\$ _____	\$ _____
Taxable IRA/pension/annuity distribution	\$ _____	\$ _____
Other taxable income (state tax refunds, alimony, capital gain, taxable social security, etc.)	\$ _____	\$ _____
Other income (include source)	\$ _____	\$ _____

<u>Untaxed Income</u>	<u>Actual 2019</u>	<u>Estimated 2020</u>
Untaxed Social Security Benefits	\$ _____	\$ _____
Child support received for all children	\$ _____	\$ _____
Untaxed pension distributions	\$ _____	\$ _____
Payments to IRA/401k/SEP/SIMPLE	\$ _____	\$ _____
Keogh/other plans	\$ _____	\$ _____
Tax exempt interest income	\$ _____	\$ _____
Earned Income Credit	\$ _____	\$ _____
AFDC/ADC or TANF	\$ _____	\$ _____
Cash gifts/money paid on your behalf	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Education tax credits	\$ _____	\$ _____
Other untaxed income (include source)	\$ _____	\$ _____

Part III. Certification and Signature(s)

The information provided on this form is accurate and complete to the best of our knowledge. We understand that completing this form does not guarantee additional financial aid.

Parent Signature:	Date:
Student Signature:	Date: