

2018-2019 - Reduction of Income

Student's name _____ Social/ID# _____

Complete this form to report changes that have occurred since filing your 2018-19 FAFSA. If clarification of your situation is necessary, additional information or documentation may be requested. **You must provide all requested documentation.** Failure to support your circumstances with evidence will result in your appeal being DENIED. **Submission of this appeal doesn't guarantee a favorable change in your financial aid eligibility.**

REQUIRED DOCUMENTATION
<input type="checkbox"/> A copy of your and your parent(s) or your and your spouse's signed Federal Income Tax Transcript for 2016.
<input type="checkbox"/> A copy of your and your parent(s) or your and your spouse's 2016 W-2 forms.
<input type="checkbox"/> A copy of your and your parent(s) or your and your spouses signed Federal Income Tax Transcript for 2017.
<input type="checkbox"/> A copy of your and your parent(s) or your and your spouse's 2017 W-2 forms.
<input type="checkbox"/> A copy of your parent(s) or you and your spouse's last pay stubs for 2017.
<input type="checkbox"/> A letter detailing the date and circumstances of your parent(s) or you and your spouse's loss of reduction of income.

IMPORTANT: A reduction in income request will not be considered for the following situations: (1) high consumer debt, (2) home mortgage expenses, and (3) car payments/expenses.

REQUIRED DOCUMENTATION by circumstance:	
Reason(s) for Appeal: Select all that apply.	Submit:
<input type="checkbox"/> Marital Separation or Divorce. Separation date:	<ul style="list-style-type: none"> A copy of the divorce decree/separation papers or evidence of separate living accommodations. Documentation of alimony received for 2017. Documentation of child support received for 2017.
<input type="checkbox"/> Death of a parent or spouse. Date of death:	<ul style="list-style-type: none"> Copy of death certificate.
<input type="checkbox"/> Loss of employment due to layoff or involuntary termination Effective date:	<ul style="list-style-type: none"> A letter of separation from employer on company letterhead (must include last day worked). Copy of last pay stubs for all jobs held in 2017. Copy of Unemployment Income showing benefit amount, start date or statement of ineligibility. Documentation of severance pay received.
<input type="checkbox"/> Loss of benefits (received in 2016 and Terminated in 2017) Effective date:	<ul style="list-style-type: none"> Documentation of termination of benefits. Documentation of 2017 benefits.
<input type="checkbox"/> Military Discharge Discharge date:	<ul style="list-style-type: none"> Documentation of termination of benefits. Documentation of 2017 benefits. A copy of your release documentation (DD214 Member-4). Copy of last pay stub.

Turn Over to Complete

Income Information for January 1, 2017 – December 31, 2017

Provide the income for the affected person's entire 2017 income.

Complete all items. **Answer items with zero (0) if it does not apply.**

Check one: _____ Student _____ Spouse _____ Father _____ Mother

Name _____ Name _____

Earnings from work (wages, salaries, tips, etc.): _____

Pension Pay or Severance Pay: _____

Veteran's Benefits: _____

Taxed Social Security Benefits: _____

Other Taxed Income or Benefit: _____

Child Support Received: _____

Other Untaxed Income or Benefits: _____

Total: _____

Please provide a written statement detailing your circumstances (including dates) and request for a reduction of income below.

CERTIFICATION:

I hereby certify that all the information reported on this form and any attachments is correct, complete and accurate. False statements and misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature

Date

Parent Signature

Date