202 S. Halsted St. Chicago Heights, IL 60411 Financial Aid Office (708) 709-3735 Fax: (708) 709-3716

2017-2018 - Reduction of Income

Student's name	Social/ID#					
Complete this form to report changes that have occurred is necessary, additional information or documentation documentation. Failure to support your circumstances Submission of this appeal doesn't guarantee a favorable.	with evidence will result in your appeal being DENIED.					
REQUIRE	D DOCUMENATION					
A copy of your and your parent(s) or your and your s	spouse's signed Federal Income Tax Transcript for 2015.					
A copy of your and your parent(s) or your and your s	spouse's 2015 W-2 forms.					
A copy of your and your parent(s) or your and your s	A copy of your and your parent(s) or your and your spouses signed Federal Income Tax Transcript for 2016.					
A copy of your and your parent(s) or your and your s	spouse's 2016 W-2 forms.					
A copy of your parent(s) or you and your spouse's la	st pay stubs for 2016.					
A letter detailing the date and circumstances of you	r parent(s) or you and your spouse's loss of reduction of income.					
IMPORTANT: A reduction in income request will not be (2) home mortgage expenses, and (3) car payments/exp	considered for the following situations: (1) high consumer debt, penses.					
REQUIRED DOCUM	ENTATION by circumstance:					
Reason(s) for Appeal: Select all that apply.	Submit:					
Marital Separation or Divorce. Separation date:	 A copy of the divorce decree/separation papers or evidence of separate living accommodations. Documentation of alimony received for 2016. Documentation of child support received for 2016. 					
Death of a parent or spouse. Date of death:	Copy of death certificate.					
Loss of employment due to layoff or involuntary termination Effective date:	 A letter of separation from employer on company letterhead (must include last day worked). Copy of last pay stubs for all jobs held in 2016. Copy of Unemployment Income showing benefit amount, start date or statement of ineligibility. Documentation of severance pay received. 					
Loss of benefits (received in 2015 and Terminated in 2016) Effective date:	Documentation of termination of benefits.Documentation of 2016 benefits.					
☐ Military Discharge Discharge date:	 Documentation of termination of benefits. Documentation of 2016 benefits. A copy of your release documentation (DD214 Member-4). Copy of last pay stub 					

Income Information for January 1, 2016 – December 31, 2016

Provide the income for the affected person's <u>entire</u> 2016 income. Complete all items. <u>Answer items with zero (0) if it does not apply.</u>

	Nam	e		
		-	Name	
Earnings from work (wages, salar	ies, 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 Benefit	s:			
Total:				
Please provide a written stateme	nt detailing your circ	umstances (includ	ling dates) and request for a re	duction of income belov
CERTIFICATION:				
I hereby certify that all the inform statements and misrepresentatio				
Student's Signature			Date	
Parent Signature			 Date	