

2020-2021 - Reduction of Income

Student's Name _____ Social/ID# _____

Complete this form to report changes that have occurred since filing your 2020-21 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 Return or Tax Transcript for 2018.
<input type="checkbox"/>	A copy of your and your parent(s) or your and your spouse's 2018 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 2019.
<input type="checkbox"/>	A copy of your and your parent(s) or your and your spouse's 2019 W-2 forms.
<input type="checkbox"/>	A copy of your parent(s) or you and your spouse's last pay stubs for 2019.
<input type="checkbox"/>	A letter detailing the date and circumstances of your parent(s) or you and your spouse's loss of/or 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 2019. Documentation of child support received for 2019.
<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 2019. 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 2018 and terminated in 2019) Effective date:	<ul style="list-style-type: none"> Documentation of termination of benefits. Documentation of 2019 benefits.
<input type="checkbox"/> Military Discharge Discharge date:	<ul style="list-style-type: none"> Documentation of termination of benefits. Documentation of 2019 benefits. A copy of your release documentation (DD214 Member-4). Copy of last pay stub.

Turn Over to Complete

Income Information for January 1, 2019 – December 31, 2019

Provide the income for the affected person’s entire 2019 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 (if applicable)

Date