

## 2021-2022 - Reduction of Income

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Complete this form to report changes that have occurred since filing your 2021-22 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.**

<b>REQUIRED DOCUMENTATION</b>	
<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 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 and your parent(s) or your and your spouses signed Federal Income Tax Transcript for 2020.
<input type="checkbox"/>	A copy of your and your parent(s) or your and your spouse's 2020 W-2 forms.
<input type="checkbox"/>	A copy of your parent(s) or you and your spouse's last pay stubs for 2020.
<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.

<b>REQUIRED DOCUMENTATION by circumstance:</b>	
Reason(s) for Appeal: Select all that apply.	Submit:
<input type="checkbox"/> <b>Marital Separation or Divorce</b> Separation date:	<ul style="list-style-type: none"> <li>A copy of the divorce decree/separation papers or evidence of separate living accommodations.</li> <li>Documentation of alimony received for 2020.</li> <li>Documentation of child support received for 2020.</li> </ul>
<input type="checkbox"/> <b>Death of a parent or spouse</b> Date of death:	<ul style="list-style-type: none"> <li>Copy of death certificate.</li> </ul>
<input type="checkbox"/> <b>Loss of employment due to layoff or involuntary termination</b> Effective date:	<ul style="list-style-type: none"> <li>A letter of separation from employer on company letterhead (must include last day worked).</li> <li>Copy of last pay stubs for all jobs held in 2020.</li> <li>Copy of unemployment income showing benefit amount, start date or statement of ineligibility.</li> <li>Documentation of severance pay received.</li> </ul>
<input type="checkbox"/> <b>Loss of benefits (received in 2019 and terminated in 2020)</b> Effective date:	<ul style="list-style-type: none"> <li>Documentation of termination of benefits.</li> <li>Documentation of 2020 benefits.</li> </ul>
<input type="checkbox"/> <b>Military Discharge</b> Discharge date:	<ul style="list-style-type: none"> <li>Documentation of termination of benefits.</li> <li>Documentation of 2020 benefits.</li> <li>A copy of your release documentation (DD214 Member-4).</li> <li>Copy of last pay stub.</li> </ul>

**Turn Over to Complete**

**Income Information for January 1, 2020 – December 31, 2020**

Provide the income for the affected person's entire 2020 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.

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**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