

2019-2020 - Reduction of Income

Student's Name _____ Social/ID# _____

Complete this form to report changes that have occurred since filing your 2019-20 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 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 and your parent(s) or your and your spouses signed Federal Income 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 parent(s) or you and your spouse's last pay stubs for 2018.
<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 2018. Documentation of child support received for 2018.
<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 2018. 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 2017 and terminated in 2017) Effective date:	<ul style="list-style-type: none"> Documentation of termination of benefits. Documentation of 2018 benefits.
<input type="checkbox"/> Military Discharge Discharge date:	<ul style="list-style-type: none"> Documentation of termination of benefits. Documentation of 2018 benefits. A copy of your release documentation (DD214 Member-4). Copy of last pay stub.

Turn Over to Complete

