

## 2017-2018 - Reduction of Income

Student's name \_\_\_\_\_ Social/ID# \_\_\_\_\_

Complete this form to report changes that have occurred since filing your 2017-18 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) <b>or</b> your and your spouse's signed Federal Income Tax Transcript for 2015.
<input type="checkbox"/> A copy of your and your parent(s) <b>or</b> your and your spouse's 2015 W-2 forms.
<input type="checkbox"/> A copy of your and your parent(s) <b>or</b> your and your spouses signed Federal Income Tax Transcript for 2016.
<input type="checkbox"/> A copy of your and your parent(s) <b>or</b> your and your spouse's 2016 W-2 forms.
<input type="checkbox"/> A copy of your parent(s) <b>or</b> you and your spouse's last pay stubs for 2016.
<input type="checkbox"/> A letter detailing the date and circumstances of your parent(s) <b>or</b> 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"/> <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 2016.</li> <li>Documentation of child support received for 2016.</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 2016.</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 2015 and Terminated in 2016)</b> Effective date: _____	<ul style="list-style-type: none"> <li>Documentation of termination of benefits.</li> <li>Documentation of 2016 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 2016 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**

