

**2021-2022**  
**Income Adjustment**  
**Appeal**

To request a re-evaluation of your financial aid, complete this form and attach all supporting documents. If you are a dependent student please submit your parent(s) documents and your own if applicable. If you are an independent student please submit only your documents, and your spouse's if married. Properties, businesses, assets and/or benefits will be divided equally among named parties unless provided documents specify sole ownership. **Incomplete forms will not be reviewed.**

**All appeals must be submitted with:**

- o Verification Worksheet (dependent or independent).
  - o Use IRS Data Retrieval Tool on your FAFSA, or provide copy of Tax Return Transcript from the IRS
- o ALL W2's (W2's should equal wages earned from work on line 1 of the Form 1040)
- o Signed and dated personal written statement explaining (in student's own words) the circumstance(s), including what is being requested

**I and/or my parents are requesting:**

- A reduction of income compared to the Prior-Prior Year tax information
  - ALL** of the following are needed:
    - 2020 Tax Return Transcript and W2s (and/or 1099)
- A reduction of income the next 12 months due to:
  - Resignation     Layoff     Retirement     Reduction of Work Hours     Other: \_\_\_\_\_
  - ALL** of the following are needed:
    - Letter from employer on company letterhead regarding the circumstances, last date of employment and any severance of the above mentioned loss or termination letter
    - Unemployment benefits (if applicable)
    - Last paycheck statement with year-to-date income
- A reduction of benefits in the next 12 months due to:
  - ALL** of the following are needed if applicable:
    - Court ordered reduction or termination of benefits (e.g. child support, alimony)
    - Government notices regarding the current and reduced amount of benefits (ex: Social Security, Welfare)
    - Last paycheck statement with year-to-date income
- A separation of income/benefits in the next 12 months due to:
  - Legal separation (Separation documents filed with the courts needed)
  - Divorce (Divorce decree filed with the courts needed)
  - Death (Death Certificate needed)
- One time income or benefit:
  - Proof of one time income or benefit

**I hereby certify that I understand the above requirements.**

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved     Denied     Approved but EFC unchanged    Initial EFC \_\_\_\_\_    Verif EFC \_\_\_\_\_    PJ EFC \_\_\_\_\_

Comments: \_\_\_\_\_

Financial Aid Office Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director of Financial Aid Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Instructions: 1. Only indicate the information for the person whose information is on the appeal. 2. Indicate the present month as the first month and list forward. 3. Indicate source of income/benefit. 4. Indicate amount and the total you anticipate to receive during the next 12 months. Be as accurate as possible.

Estimated Income/Benefits		Father (if dependent)	Estimated Income/Benefits		Mother (if dependent)
Month	Source of income		Month	Source of income	
1.		\$	1.		\$
2.		\$	2.		\$
3.		\$	3.		\$
4.		\$	4.		\$
5.		\$	5.		\$
6.		\$	6.		\$
7.		\$	7.		\$
8.		\$	8.		\$
9.		\$	9.		\$
10.		\$	10.		\$
11.		\$	11.		\$
12.		\$	12.		\$
Total Income/Benefits:		\$	Total Income/Benefits:		\$
Estimated Income/Benefits		Student	Estimated Income/Benefits		Spouse (if married)
Month	Source of income		Month	Source of income	
1.		\$	1.		\$
2.		\$	2.		\$
3.		\$	3.		\$
4.		\$	4.		\$
5.		\$	5.		\$
6.		\$	6.		\$
7.		\$	7.		\$
8.		\$	8.		\$
9.		\$	9.		\$
10.		\$	10.		\$
11.		\$	11.		\$
12.		\$	12.		\$
Total Income/Benefits:		\$	Total Income/Benefits:		\$

The attached information represents all anticipated sources of income for the next 12 months. I agree to provide any additional information requested by the Student Financial Services to support the above estimates. I further understand that I must notify Student Financial Services of any additional financial changes. I understand the discrepancies between actual and estimated amount may result in my being billed for any financial assistance already disbursed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_