

Appeal for Income Change 2021-2022

This form is used to request a professional judgment review of the financial information that you and your family reported in the FAFSA base year (2019). If you experienced a change of household income due to a one-time event (loss of employment, uninsured medical expenses, loss of child support, etc.), you can request that the Financial Aid Office review your new financial situation. Please note, this is an appeal that may be approved or denied according to the documentation you submit to substantiate your new financial situation, and at the discretion of the Financial Aid Office.

Instructions:

The first step is to make an appointment with your Financial Aid Advisor. At this appointment you will have to present a **signed** statement indicating in detail what the nature of your unusual circumstance is, and how this will affect your income for the current year. If the nature of your appeal is unexpected out-of-pocket expenses, please explain what they are. You will need to present appropriate documentation to support your claim. Examples of acceptable documentation are listed below.

Note: The decision made by the Financial Aid Office concerning your Appeal for Income Change is final, and cannot be appealed to the U.S. Department of Education.

Required Documentation:

1. **Unusual Circumstance Statement.**

Please explain in detail how your income has changed from what was reported on your FAFSA. In addition, explain all **2020** and **2021** incomes for you, your spouse and/or your parent(s) if applicable. The statement should be signed by all parties whose income is included on the FAFSA.

2. A copy of your, your spouse's, and/or your parents' (if applicable) **tax transcript for 2019 and 2020**. Ensure the tax transcript includes all schedules, **W2 forms** and appropriate signatures. Additionally, you will have to submit a Dependent or Independent Verification Worksheet.

3. In the case of termination of employment, please bring the **termination letter or layoff notification**. In addition, bring copies of your **last pay stubs**, or any documentation that contains year-to-date income for the current year (**2021**).

4. Documentation for any other income for **2020** and **2021**. This might include any public aid or unemployment compensation benefits received as a result of loss of employment.

5. Any other documentation that indicates unexpected expenses that will present a hardship in the current household income (i.e. out-of-pocket medical bills).

6. If you have recently been approved to receive unemployment benefits, please bring the letter of eligibility along with evidence of recent unemployment benefits payments (i.e. pay-stubs, direct deposit statements, etc.).

Please note, additional documentation may be required to review your appeal.

Name: _____

Student ID: _____

By signing this statement, I/we certify that the information reported in this appeal statement is correct and true.

Student's Signature

Date

Spouse's Name and Signature

Date

First Parent's Name and Signature

Date

Second Parent's Name and Signature

Date

WARNING: If you purposely give false or misleading information on this statement, you may be fined \$20,000, sent to prison or both.

For Financial Aid Use Only:

ANTICIPATED INCOME	ACTUAL 1/1/2020-12/31/2020	ACTUAL 1/1/2021-TODAY	ESTIMATED TODAY-12/31/2021
Father's wages, salaries, tips	\$: _____	\$: _____	\$: _____
Mother's wages, salaries, tips	\$: _____	\$: _____	\$: _____
Student's wages, salaries, tips	\$: _____	\$: _____	\$: _____
Spouse's wages, salaries, tips	\$: _____	\$: _____	\$: _____
Other taxable income (Unemployment, severance, etc.)	\$: _____	\$: _____	\$: _____
Other non-taxable income and benefits: (child support, untaxed pension)	\$: _____	\$: _____	\$: _____
Total Income	\$: _____	\$: _____	\$: _____

Approved ____ **Denied** ____ **Reviewer:** _____ **Date:** _____

Projected: **AGI:** _____ **INAS EFC:** _____

Taxes Paid: _____

Remarks:

