

Independent Student Income Appeal 2020-2021



Student Name

Student ID Number

If your financial circumstances have changed after you filed your FAFSA (Free Application for Federal Student Aid), the Financial Aid Office may be able to adjust your awards with proper documentation.

The Financial Aid Office can consider these factors:

- ▶ Divorce or legal separation, or death of a spouse that occurred after you filed your FAFSA
- ▶ Loss or reduction in your or your spouse's income
- ▶ Major medical/dental expenses paid
- ▶ Expenses caused by a natural disaster or major catastrophe
- ▶ Termination or reduction in child support payments or Social Security benefits

Describe below the reason for the reduction in income; if unemployed or disabled, also describe prospects for re-employment. Include pertinent details such as: dates changes became effective, date benefits ended or will end, etc. If requesting to exclude one-time income, explain where that income is now.

Income Appeal for:

Student Spouse

Signature required on reverse side of form. Failure to provide documentation will result in a denial of your request. Please attach supporting documentation of income/benefits or denial of benefits i.e.: disability, unemployment, Social Security benefit letter, pay stubs, termination letter from employer, court order, etc.

Independent Student Income Appeal 2020-2021 (cont.)

ESTIMATED GROSS INCOME RESOURCES

Identify the 12 month period that you are estimating income. From: _____/_____/_____ To: _____/_____/_____

Be specific and list ALL sources of income and resources that you expect to receive for the 12 month period noted above. Reflect total amount expected for the calendar year (not monthly or weekly amounts). For periods of no income, please explain your expected source of support.

*Employer Name	Dates Working (mm/dd/yyyy-to-mm/dd/yyyy)	Student Amount	Spouse Amount	Taxable Yes/No	Total Amount
					\$
					\$
					\$
					\$
Total Estimated Work					\$

Other Income	Student Amount	Spouse Amount	Taxable Yes/No	Total Amount
Social Security, Workman's Comp, or Disability Benefits**				\$
AFDC/ADC/General Relief**				\$
Unemployment Benefits**				\$
Alimony or Child Support				\$
Real Estate or Business Income				\$
IRA Distributions/Pensions/Annuities				\$
Interest/Dividends/Capital Gains				\$
Military or Veteran's Housing and Food Stipends				\$
Gifts of Cash				\$
Other _____				\$
Other _____				\$
Total Estimated Other Income				

*Attach W2 for each employer ** Attached benefit letter

Total Estimated Income (Work + Other)	\$
Estimated Fed Tax	\$

Student Signature _____ Date _____

Spouse Signature (If using estimated income for spous) _____ Date _____

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	New EFC _____
<input type="checkbox"/> Denied	
Reason for denial _____	
FAO Name & Signature _____	Date _____