REQUEST FOR INCOME REDUCTION ADJUSTMENT

The Department of Education determines a student’s status based on the 2014 income questions answered on the 2015-2016 Free Applications for Federal Student Aid (FAFSA). Students who have had a change in earnings between 2014 and 2015 may qualify for an income reduction adjustment.

Please Note: You must have already completed the 2015-2016 FAFSA and received the results before completing this form.

The following DO NOT qualify as reasons for requesting an income reduction:

1. Car payment and car insurance
2. Consumer debt such as credit cards
3. Chapter 7 personal bankruptcy
4. Medical Insurance Premiums
5. Mortgage and rent
6. Home Equity, IRA, 403B and 401K loans
7. Parents won’t help pay for college

If any of the above are reasons for your request, please DO NOT complete this form, as you do not meet the qualifications to request an income reduction.

REQUIRED READING

1. Filing this form does not mean that your request will be granted. The financial aid administrator’s decision is final and cannot be appealed to the US Department of Education.
2. The review time for this form is three weeks.
3. If you register for classes, you should be prepared to pay for your tuition, fees and other expenses.
4. If you have questions concerning this form or the status of your request, please contact the financial aid office.

Student’s Name: ___________________________ SSN: ___________________________

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REQUEST FOR CHANGE INCOME REDUCTION ADJUSTMENT

Must include a detailed statement regarding your circumstances

_____ A. Since completing the 2015-2016 FAFSA, you, your parents or your spouse have lost employment or income due to termination, layoff, disability, retirement, company closing or loss of benefits

Last date of employment ____/____/____

Required Documents:
1. Copy of last pay stub
2. Notice of benefits determination and amount of benefits
3. Copy of disability award
4. Notice of layoff/termination
5. Notice of termination of benefits
6. Copy of the last Tax return filed (Student/spouse and/or Parent)

_____ C. You, your spouse or parent, if you are dependent student, have been classified as a dislocated worker. Please provide documentation of dislocated worker status.

_____ D. Since you completed the 2015-2016 FAFSA, you or your parents have divorced or separated. Date of separation ____/____/____
   1. Provide copies of you or your custodial parent’s W-2 forms.
   2. Provide copies of you or your custodial parent’s Tax return Transcripts
   3. Proof of Separation, Court filing or Notarized statement with proof of different addresses
   4. Copies of most recent tax returns.

_____ E. Your spouse or your parent(s) is/are now deceased, but his/her information was reported on the FAFSA. Date Deceased ____/____/____

Required Documents:
1. A copy of the death certificate
2. W-2’s
3. Most recent Tax return

_____ F. You, your parents, or your spouse have incurred excessive medical or disaster related expenses (not covered by insurance) in 2014 due to the illness of a family member or natural disaster. These must be paid expenses documented either by tax return or with paid receipts.

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## ESTIMATED INCOME FOR 2015

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
<th>Column D</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Actual Received 1/1/15-today</td>
<td>Estimated to receive Today-12/31/2015</td>
<td>Total expected income for 2015</td>
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<tr>
<td>Student’s income from work</td>
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<td>Add column B and C</td>
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<tr>
<td>Spouse’s income from work</td>
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<td>Father’s income from work</td>
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<td>Mother’s income from work</td>
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<tr>
<td>Taxable interest income</td>
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<tr>
<td>Taxable pensions/annuities</td>
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<tr>
<td>Unemployment</td>
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<td>Taxable portions of Social Security</td>
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<td>Alimony/Spousal Support</td>
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<tr>
<td>Untaxed pensions/annuities</td>
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<tr>
<td>Worker’s Compensation</td>
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<td>Child Support Received</td>
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<td>IRA/KEOGH income</td>
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<td>Untaxed interest income</td>
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<td>Other</td>
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</tbody>
</table>

I certify that all of the information provided on this form and all attached documentation is true and complete to the best of my knowledge.

Student Signature: __________________________ Date: ________________

Parent Signature: __________________________ Date: ________________

Approved  _____ Denied  FAO Signature: __________________________

Comments: ____________________________________________________________________________________________

__________________________________________________________________________________________

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