



2018-2019 Income Adjustment

Student ID _____

Last Name

First Name

You are submitting this appeal to adjust your Expected Family Contribution (EFC) based on a change in and/or a reduction in your or your parent's/spouse's 2017 earnings and/or benefits. Please complete the sections below and provide the requested documentation.

Section 1: Reason for Loss of Income and Benefits in 2017

_____ My Parent's and/or

_____ My 2017 income and/or benefits will be LESS than 2016 due to (check box below):

_____ Loss of Employment

_____ Loss of Benefits (i.e. SSI, TANF, Child Support, Alimony)

_____ Job Change

_____ Reduction in Work Hours

_____ Retirement

Please write a brief statement explaining the change in income from 2016 to 2017 (attach additional page(s) if needed):

Section 2: 2016 Supporting Documentation to be submitted with this form:

_____ Parent 2017 IRS Tax Transcript or Return

_____ Student 2017 IRS Tax Transcript or Return

_____ Verification of Non-Tax Filing Letter from the IRS

_____ If you or your Parents 2018 Income is less than 2016 **AND** 2017 please see a Financial Aid Advisor

If Submitting after January 1, 2019, please submit a copy of your/your parents 2018 IRS Tax Transcript.

Parents whose primary source of income is gained through self-employment are not allowed to project their income if the business is still operational. If your business is non-operational by December 31st, 2017, you may submit an appeal. However, appeals based on loss of self-employment earnings must be accompanied by your 2018 federal tax transcript in order for the re-evaluation to be completed.

Certification: I/We hereby certify that all the information reported on this form and any attachments hereto are true, complete, and accurate. Further, I/we understand that false statements and/or misrepresentation will result in denial, reduction, withdrawal, and/or repayment of aid disbursed, as well as student disciplinary action. I/We understand that the calculation of the EFC may not result in eligibility for the Federal Pell grant or need based financial aid.

Student Signature _____

Date _____

Parent Signature _____

Date _____

Adjustment Approved

Adjustment Denied

Adjustment Will Not Change Eligibility for Aid

Comments: _____

Approved By _____

Date _____