



Reduction in Family Income 2011-2012

Student Name: _____ **ID:** _____

Requests are accepted for review June 1st, 2011 - January 31st, 2012

Complete this form to report changes that have occurred since filing your 2011-2012 FAFSA. If clarification of your situation is necessary, additional information or documentation may be requested. You must provide all requested documentation. Failure to support your circumstances with evidence will result in your appeal being denied. **Submission of this appeal doesn't guarantee a favorable change in your financial aid eligibility.**

Our research shows that a reduction of less than 20% in total family income (for parent only) from 2010 to 2011 rarely results in a change in aid eligibility. To estimate your income reduction, complete the formula below. Income for this purpose includes earnings from work, child support, disability, pension, and unemployment benefits.

Amount of Parent(s)/Step-parent's or Student/Spouse's Actual 2010 income:	\$		#1
Amount of Parent(s)/Step-parent's or Student/Spouse's Anticipated 2011 income:	\$		#2
Subtract line #2 from line #1:	\$		#3
Total from line #3 \$ _____ ÷ the amount in line #1:			% #4

Is the percentage in line #4 20% or higher?

- No.** We have found that a loss of less than 20% of family income, does not cause a change in a student's financial aid eligibility. However, you may still choose to proceed with your appeal.
- Yes.** Complete the 2011-2012 Dependent or Independent Verification Worksheet and submit **ALL** required documentation.

IMPORTANT: A reduction in income request will not be considered for the following situations: (1) high consumer debt, (2) home mortgage expenses, and (3) car payments/expenses.

REQUIRED DOCUMENTATION:

Reason(s) for Appeal: Select all that apply.	Submit:
<input type="checkbox"/> Marital Separation or Divorce. <div style="text-align: right; margin-right: 20px;">Separation date: ___/___/___</div>	<ul style="list-style-type: none"> A copy of the divorce decree/separation papers or evidence of separate living accommodations. Documentation of alimony to be received for 2011. Documentation of child support to be received for 2011.
<input type="checkbox"/> Death of a parent or spouse. <div style="text-align: right; margin-right: 20px;">Date of death: ___/___/___</div>	<ul style="list-style-type: none"> Copy of the death certificate.
<input type="checkbox"/> Loss of employment due to layoff or involuntary termination. <div style="text-align: right; margin-right: 20px;">Effective date: ___/___/___</div>	<ul style="list-style-type: none"> A letter of separation from employer on company letterhead (must include last day worked). Copy of last pay stubs for all jobs held in 2011. Copy of Unemployment Income Verification form (UIA 1053), showing benefit amount, start date and # weeks remaining or statement of ineligibility. Documentation of severance pay received.
<input type="checkbox"/> Loss of benefits (received in 2010 and terminated in 2011). <div style="text-align: right; margin-right: 20px;">Effective date: ___/___/___</div>	<ul style="list-style-type: none"> Documentation of termination of benefits. Documentation of expected 2011 benefits.
<input type="checkbox"/> Medical/Dental expenses paid in 2010 not covered by insurance. Expenses may include: doctor's visits, tests, outpatient care, therapy, prescription drugs, hospitalization, vision care, dental and/or orthodontic.	<ul style="list-style-type: none"> Documentation of paid out-of-pocket expenses. Documentation must clearly verify insurance coverage and the date and amount you paid.

Dependent Student	Independent Student
Submit with Appeal:	
<ul style="list-style-type: none"> A copy of you and your parent(s) signed Federal Income Tax Return for the 2010. A copy of you and your parent(s) 2010 W-2 forms. A copy of your parent(s) last pay stubs for 2011. If your parents have no income, please provide a Statement of Living Expenses form. A letter detailing the date and circumstances of your parent(s) loss or reduction of income. A 2011-2012 Dependent Verification Worksheet. 	<ul style="list-style-type: none"> A copy of you and your spouse's signed Federal Income Tax Return for the 2010. A copy of you and your spouse's 2010 W-2 forms. A copy of you and your spouse's last pay stubs for 2011. If you have no income, please provide a Statement of Living Expenses form. A letter detailing the date and circumstances of you and/or your spouse's loss, or reduction of income. A 2011-2012 Independent Verification Worksheet.

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Estimated 2011 Income

Enter the gross expected income for you and your spouse if you are independent or your parent(s) and your step-parent if you are dependent from the sources listed below. If an income item does not apply to you, enter "N/A" not applicable. If an income loss is not documented from what was originally reported on your FAFSA, it will not be taken into consideration.

	Student/Spouse Estimated 2011 Income		Parent(s) Estimated 2011 Income	
	Student	Spouse	Father/Step-Father	Mother/Step-Mother
Gross wages, salaries, severance pay, tips:	\$	\$	\$	\$
Unemployment benefits:	\$	\$	\$	\$
Business, farm, rental income:	\$	\$	\$	\$
Interest/dividend Income:	\$	\$	\$	\$
Other taxable income: (List source/benefit)	\$	\$	\$	\$
Total Est. Taxed Income	\$	\$	\$	\$
Child support received by all family members:	\$	\$	\$	\$
Other untaxed income: (List source/benefit)	\$	\$	\$	\$
Total Est. Untaxed Income	\$	\$	\$	\$

Additional documentation may be requested by the Office of Student Financial Services.

Certification Statement and Signature(s)

- I/we certify that the information on this form is true and complete to the best of my/our knowledge.
- I/we understand that my current FAFSA will be selected for verification and the verification process may result in corrections. In rare cases, these corrections may alter my current financial aid offers, regardless of whether the Reduction in Family Income request is approved.
- I/we agree to provide Student Financial Services (SFS) with additional information, if requested.
- If my/our financial situation or circumstances change from what I/we have indicated on this form, I/we agree to notify SFS of the change.
- I/we understand that additional financial aid assistance is **NOT** guaranteed.
- I/we understand it will take **approximately 6 to 8 weeks** for my Reduction in Family Income request to be reviewed and processed.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____