



2017--2018
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 2016 earnings and/or benefits. Please complete the sections below and provide the requested documentation.

Section 1: Reason for Loss of Income and Benefits in 2016

My Parent's and/or

My 2016 income and/or benefits will be LESS than 2015 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 2015 to 2016 (attach additional page(s) if needed):

Empty box for student statement

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

Parent 2016 IRS Tax Transcript

Student 2016 IRS Tax Transcript

Non-Tax Filing Statement from the IRS

If you or your Parents 2017 Income is less than 2015 AND 2016 please see a Financial Aid Advisor

If Submitting after January 1, 2017, please submit a copy of your/your parents 2017 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, 2016, you may submit an appeal. However, appeals based on loss of self-employment earnings must be accompanied by your 2017 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 \_\_\_\_\_