

Dependent Student Income Appeal 2017-2018

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 (you or your parents), or death of a parent or spouse that occurred after you filed your FAFSA
- ▶ Loss or reduction in parent income caused by unemployment or disablement
- ▶ Loss or reduction in your (the student'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 Parent

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.

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american
career
college

2016 or 2017 ESTIMATED GROSS INCOME RESOURCES

Be specific and list ALL sources of income and resources estimated for the 2016 or 2017 calendar year, (January 1 through December 31). Reflect total amount expected for the calendar year (not monthly or weekly amounts). For periods of no income, please explain your source of support.

Income earned from work* for calendar year: (check one) 2016 2017

Amount	Dates working (mm/dd/yyyy-to-mm/dd/yyyy)	employer name
\$		
\$		
\$		
\$		

*Attach W2 for each employer

Other Income:

Social Security Benefits**	\$
AFDC/ADC**	\$
General Relief**	\$
Company Sponsored Disability**	\$
State Disability**	\$
Worker's Compensation**	\$
Child Support	\$
Housing, food, & allowances for military, clergy, & others	\$
Gifts of Cash	\$
Other _____	\$
Other _____	\$
Total Estimated Income 2016 or 2017	\$

**Attach benefit letter

Student Signature _____

Date _____

Parent Signature _____

Date _____

FOR OFFICE USE ONLY

Approved New EFC _____

Denied

Reason for denial _____

FAO Name & Signature _____

Date _____