

# Independent 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, or death of a spouse that occurred after you filed your FAFSA
- ▶ Loss or reduction in your or your spouse'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     Spouse

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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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## 2016 or 2017 ESTIMATED GROSS INCOME RESOURCES

Be specific and list ALL sources of income and resources estimated for either 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 _____	\$
<b>Total Estimated Income 2016 or 2017</b>	<b>\$</b>

\*\*Attach benefit letter

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Approved      New EFC \_\_\_\_\_

Denied

Reason for denial \_\_\_\_\_

FAO Name & Signature \_\_\_\_\_ Date \_\_\_\_\_