

Phone: 360-417-6390 Fax: 360-417-6395 <u>Electronic Drop Box</u>

Appeal for Income Re-Evaluation 2022-2023

Name	:		Birth Date:				
Phone	e #:	SSN:	Student	ID#:			
spouse's decrease	s, or your parents' current income	is less than the 2020 incom	ne reported on your 2022-2023 FAFSA	year (2020.) Use this form if your, your a. (If your reduced current income is due to come for <u>2021</u> and cannot submit this form			
				ancial Aid Administrator's decision is final. not increase your eligibility for financial			
***IMF			pproved for an Income Re-Evaluation <u>-study,</u> as you are not eligible for gran	, your eligibility will only be evaluated for ts.			
Whos	se information is req	uired on this for	m?				
			dent's spouse (if married), and for any are not receiving less income now than	y parent whose data was included on the in 2020.			
Whos	se income has decrea	ised since 2020?	(check all that apply)				
		Spouse	Mother/stepmother	Father/stepfather			
Whv	did the income decre	ease? (check all t	hat apply)				
	Jnemployment, reduced emplo	•	Child support ended or was	reduced			
Disability (Date of disability:)Alimony ended or was reduced							
	Social Security benefits ended	,	Separation or divorce				
Unemployment benefits ended or were reducedRetirement							
Received one-time-only income in 2019Death of spouse/Death of parent							
	•		Other (
,	nsurance settlement, moving a		,	,			
Reau	iired Actions: (ALL)	required docume	ents must be submitted	together)*			
	•	-		Be specific, use names, dates and dollar			
	<u>Proof of situation</u> . Copy of current income documents for each person, you & your spouse and/or your parent's (if you are dependent student). Examples include: unemployment benefits, termination notice, retirement or layoff notice, written statement from employer regarding change or reduction in employment, physician's disability statement, legal separation agreement, divorce decree, court documents regarding termination of child support, social security benefit termination notice, death certificate, or obituary notice.						
	If your current reduced income is due to decreases in commissions, sales, interest, dividends, etc., you must provide copies of your 2021 Federal Income Tax Return Transcripts for yourself as well as all individuals whose data was included on your FAFSA.						
	You have already been awarded financial aid or received a notice that you are eligible to apply for a loan. (Students who are ineligible for aid must first resolve any other ineligibility issues before submitting an Appeal for Income Re-Evaluation.)						
	Your current EFC is greater than zero.						
416			m	101 0 41 4 111 14 1			
ît you	nave not already been selec	ted for verification, you	i will receive an email containing	g specific forms that will need to be			

filled out and returned before we can continue the re-evaluation process.



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Expected Annual Amounts for the next 12 months:

(Gross means before any deductions)	Student	Spouse		s (if parental data was d on your FAFSA)		
Gross wages, salaries, and tips	\$	\$	\$			
Severance pay:	\$	\$	\$			
Unemployment benefits:	\$	\$	\$			
Alimony:	\$	\$	\$			
Social Security Benefits:	\$	\$	\$			
Combat pay or special combat pay:	\$	\$	\$			
Child support received:	\$	\$	\$			
Worker's Compensation/disability, etc.:	\$	\$	\$			
Child support paid:	\$	\$	\$			
VA non-education benefits:	\$	\$	\$			
Other:	\$		\$			
imprisonment for up to 5 years, or both.			on with my application for federal aid, I may be subject to a fine of up to \$20,000, Date:			
Financial Aid Office Use Only Student's financial need has not incre recent ISIR data. Per professional judgment, the studen data, and the ISIR has been submitted Original EFC: The following changes were made by professional professiona	t's financial need for reprocessing Transactio	, if required. on #: Revised		reflects changes to the income		
Student income from work \$Spouse income from work \$	nt/Spouse	Father/Stepfather income from Mother/Stepmother income from AGI Taxes paid Additional Financial Info Untaxed income		\$\$ \$\$ \$\$ \$\$		
FA Signature:		Date:				