



Appeal for Income Re-Evaluation 2021-2022

Name: _____

Birth Date: _____

Phone #: _____

SSN: _____

Student ID#: _____

Financial need is based on each student's or family's gross annual income for **the two years prior tax year (2019.)** Use this form if your, your spouse's, or your parents' current income is less than the 2019 income reported on your 2021-2022 FAFSA. *(If your reduced current income is due to decreases in commissions, sales, interest, dividends, etc., you must provide documentation of your total income for 2020 and cannot submit this form until your 2020 tax return has been filed.)*

Using current income information is not an "entitlement" or a "right." In accordance with federal regulations, it is at the discretion of the Financial Aid Administrator, and the Financial Aid Administrator's decision is final. **Please be advised that if your current Expected Family Contribution (EFC) is zero, this appeal will not increase your eligibility for financial aid.**

*****IMPORTANT***** If you have a prior Bachelor's Degree and are approved for an Income Re-Evaluation, your eligibility will only be evaluated for subsidized loans and/or work-study, as you are not eligible for grants.

Whose information is required on this form?

In addition to the student's data, data must be provided for the student's spouse (if married), and for any parent whose data was included on the student's FAFSA. This data must be provided even if all individuals are not receiving less income now than in 2019.

Whose income has decreased since 2019? (check all that apply)

____ Student

____ Spouse

____ Mother/stepmother

____ Father/stepfather

Why did the income decrease? (check all that apply)

____ Unemployment, reduced employment, or job change

____ Child support ended or was reduced

____ Disability (Date of disability: _____)

____ Alimony ended or was reduced

____ Social Security benefits ended or were reduced

____ Separation or divorce

____ Unemployment benefits ended or were reduced

____ Retirement

____ Received one-time-only income in 2019

____ Death of spouse/Death of parent

(for example, IRA or pension withdrawals, inheritance, insurance settlement, moving allowance, etc.)

____ Other (_____)

Required Actions: (ALL required documents must be submitted together)*

- Letter of explanation. In your words, explain in detail the reason(s) for the reduction in income. Be specific, use names, dates and dollar amounts whenever possible.
- Proof of situation. 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 2020 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.

***If you have not already been selected for verification, you will receive an email containing specific forms that will need to be filled out and returned before we can continue the re-evaluation process.**



Expected Annual Amounts for the next 12 months:

(Gross means before any deductions)

	Student	Spouse	Parents (if parental data was reported 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 _____:	\$ _____	\$ _____	\$ _____

Student Certification: I understand that....

- 1) Appeals for income re-evaluation can take up to 4 weeks to process;
- 2) My appeal will not be processed if all required documentation is not provided;
- 3) Schools are not required to re-evaluate financial aid eligibility based on a reduction of income;
- 4) Appeals are generally denied for students who received approval for an appeal for the previous academic year and who underestimated income on the appeal, thereby receiving financial aid funds they were not entitled to in the prior year; and
- 6) If I purposefully provide false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to \$20,000, imprisonment for up to 5 years, or both.

Student Signature: _____ **Date:** _____

Financial Aid Office Use Only

- Student's financial need has not increased. No data changes have been made, and the Financial Aid computer system reflects the most recent ISIR data.
- Per professional judgment, the student's financial need has increased. The Financial Aid computer system reflects changes to the income data, and the ISIR has been submitted for reprocessing, if required.

Original EFC: _____ Transaction #: _____ Revised EFC: _____

The following changes were made by professional judgment:

	Student/Spouse		Parents
Student income from work	\$ _____	Father/Stepfather income from work	\$ _____
Spouse income from work	\$ _____	Mother/Stepmother income from work	\$ _____
AGI	\$ _____	AGI	\$ _____
Taxes paid	\$ _____	Taxes paid	\$ _____
Additional Financial Info	\$ _____	Additional Financial Info	\$ _____
Untaxed income	\$ _____	Untaxed income	\$ _____

FA Signature: _____ **Date:** _____