Request for Income Adjustment

Please complete Sections A through C of this form

LAST NAME  FIRST NAME  M.I.  STUDENT ID #

ADDRESS (include apt. no.)

CITY  STATE  ZIP CODE

DATE OF BIRTH

PHONE NUMBER

According to federal regulations, a family’s previous year’s income is used to assess financial need for the current school year. If a family’s current income has been reduced due to special circumstances, a financial aid administrator may be able to use the current income to assess financial need. Please provide information regarding your reduction in income by completing this form.

Important: Please note that all documentation must be provided at the time of submission.

Section A: Reason for Income Adjustment:

1. Involuntary loss of employment (termination, lay off, etc.)
   ❑ Student ❑ Spouse ❑ Mother ❑ Father (check the individual to whom the reason applies)

2. Reduction or loss of untaxed income or benefits (unemployment compensation, social security, AFDC, etc.)
   ❑ Student ❑ Spouse ❑ Mother ❑ Father (check the individual to whom the reason applies)
   Specify source of reduction or loss of income ____________________________ ____________________________

3. Death
   ❑ Spouse ❑ Mother ❑ Father (check the individual to whom the reason applies)

4. Extraordinary medical expense not paid by insurance (paid by you, must be able to submit paid receipts)
   ❑ Student ❑ Spouse ❑ Mother ❑ Father ❑ not covered by insurance (check the person who had medical expenses)

Section B: Required Documentation:

❑ A typed statement from student explaining circumstances in detail (Who lost job? Income change? etc.)
❑ Income Verification Worksheet (IVFD, IVFI)
❑ Student’s/spouse’s and/or parent’s _________ (yr.) tax return transcripts with W-2 transcripts
❑ Unemployment compensation letter
❑ Most recent pay stub from current employer(s)
❑ Final pay stub from previous employment
❑ Letter of termination and/or lay-off
❑ Workers compensation statement
❑ Disability notice
❑ Statement from agency (unemployment, social security, AFDC) reducing/canceling the total amount of benefits received
❑ Copy of divorce decree
❑ Copy of death certificate
❑ Copy of medical bills and payment receipts
Section C: Signature Certification
The information on this form and on the provided documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give further proof of the information that I have written on this form.

Student Signature: ___________________________________________ Date _____________________

Parent Signature ___________________________________________ Date _____________________

FOR OFFICE USE ONLY
CORRECTIONS BEING MADE TO ISIR:

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Action taken by committee:
- [ ] Approved. Based on your request, changes have been made to your application.
- [ ] Denied. Your request has been denied.

Student Financial Services comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FAA Signature ___________________________________________ Date _____________________