2021-2022 INCOME ADJUSTMENT REQUEST

| Name: | Student ID: |
|--|---|
| Email: | Phone: |
| A student's eligibility for need-based aid is determined using 20°Community Colleges recognizes that the financial information reporting the student's or family's current financial situation. Use this form the student's or family's current financial situation. | orted on the FAFSA may not be an accurate reflection of to report changes in your family's financial situation not |
| Students may report 2020 or 2021 income information. We do not provide must be consistent for the year you choose. | co-mingle income years. The documentation you |
| I am requesting a review of the actual income ear | ned in 2020. |
| I am requesting a review of the estimated income | to be earned in 2021. |

DOCUMENTS REQUESTED

Please provide the following documentation based on your circumstances to complete the request.

NOTE: The request will not be reviewed until ALL information is received.

| Check Reason | Reason for Request | 2020 Documentation | 2021 Documentation |
|-----------------|--|--|--|
| | Loss of Employment or Significant Reduction of Wages Dependent Students: You or parent(s) income earned is less than that earned in 2019 Independent Students: You and/or your spouse's income earned in the above years is less than that earned in the base year on the FAFSA | 2020 IRS Tax Return Transcript for all 2020 IRS W-2 or Wage Transcript for all Termination notice from employer (if applicable) | Last pay stub detailing Year-to-Date earnings for all Termination notice from employer (if applicable) 2021 Unemployment Benefit History 2021 Severance Pay |
| | Divorce after FAFSA submission Dependent Students: Your parents separated or divorced after submitting the FAFSA Independent Students: You and your spouse separated or divorced after filing the FAFSA | 2020 IRS Tax Return Transcript for all 2020 IRS W-2 or Wage Transcript for all Divorce decree, Separation agreement or Proof of separate address | Last pay stub detailing Year-to- Date earnings for all Divorce decree, Separation agreement or Proof of separate address |
| | Death after FAFSA Submission Dependent Students: A parent has died after submitting the FAFSA Independent Students: Your spouse has died after filing the FAFSA | 2020 IRS Tax Return Transcript for all 2020 IRS W-2 or Wage Transcript for all Applicable death certificate or obituary | Last pay stub detailing Year-to- Date earnings for all Applicable death certificate or obituary |
| | One Time Lump Sum Payment Received Dependent Students: You or parent(s) received a lump sum payment in 2019 and will not receive the payment in the future Independent Students: You and/or your spouse received a lump sum payment in 2019 and will not receive the payment in the future | 2020 IRS Tax Return Transcript for all 2020 IRS W-2 or Wage Transcript for all Documentation showing the lump sum payment received and what it is from | Last pay stub detailing Year-to- Date earnings for all Documentation showing the lump sum payment received and what it is from |
| | Other Circumstance You, or someone in your household, has experienced a situational change that has significantly impacted your household income. | 2020 IRS Tax Return Transcript for all 2020 IRS W-2 or Wage Transcript for all Any applicable documentation to demonstrate the financial change | Last pay stub detailing Year-to- Date earnings for all Any applicable documentation to demonstrate the financial change |

| Student Name: | Student ID: |
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| PERSONAL STATEMENT OF SPECIAL CIRCUMSTA | ANCE |
| Please describe, in detail, the change in circumstances | s that you (and your family) are documenting. |
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| STATEMENT OF CERTIFICATION | to the best of my knowledge. If requested, Legree to provide further |
| documentation to substantiate the information provided | to the best of my knowledge. If requested, I agree to provide further d. |
| | iewed on a case-by-case basis and make take several weeks to |
| process. This written request does not guarantee appring financial aid already offered. | roval and/or may not ultimately result in an actual change of the |
| WARNING: If you purposely give false or misleading ir | nformation on this form, you may be fined, sent to prison, or both. |
| | |
| Student Signature: | Date: |
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| Decision Notes. | |
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| Financial Aid Coordinator Signature: | Date: |
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