



2018-2019

INCOME ADJUSTMENT APPEAL

Student Name _____ ECC ID Number _____ Date: _____

Submit this form to adjust the income reported on your FAFSA for 2018-2019.

Briefly state why you are filing this appeal: _____

Please indicate below whose income changed and the date of the change: Check all that apply:

Student Student's Spouse Student's Mother Student's Father Date income changed: _____

Check below the income that changed from 2016. Check all that apply:

Income changed as a result of item checked:	Required Documentation
<input type="checkbox"/> Unemployment Benefits or reduced hours or wages 2017	2017 IRS Tax Transcript
<input type="checkbox"/> Divorce, Separation or Death of spouse or parent	2017 IRS Tax Transcript and the Spouse or Parent's W2 Form for 2017. Copy of divorce decree or death certificate.
<input type="checkbox"/> Retirement	2017 IRS Tax Transcript and verification of the amount from retirement.
<input type="checkbox"/> Reduction or loss of support or untaxed income	Statement of Support: Download and complete this form from our website at www.essex.edu/fa/forms
<input type="checkbox"/> One-time Income (such as cash-in pension or IRA accounts etc.)	2017 IRS Tax Transcript and documentation to verify amount of the one-time income.
<input type="checkbox"/> Other; specify:	Submit appropriate documentation with explanation

NOTE: If you, spouse or parent did not file a 2017 Tax Transcript, please provide a signed letter from all employers on company stationary, which must indicate the following:

- Hours worked; and
- Hourly rate; or
- The last paystub, which must contain the year-to-date earnings and the W2 Form for the income year
- The date employment began and ended, if no longer working at the company
- A letter from the agency to document untaxed income for welfare, social security, child support etc. received

CERTIFICATION: Each person signing this form certifies that all of the information and documentation reported and submitted for this appeal is true, complete and correct.

Student Signature _____ Date _____

Spouse Signature _____ Date _____

Parent's Signature _____ Date _____

FOR OFFICIAL USE ONLY

Appeal Decision: Approved Appeal Denied Adjustment will not change student's eligibility for aid

Comments: _____

FAO Signature: _____ Date: _____