



**Financial Aid**  
 303 University Avenue, Newark, NJ 07102-1798  
 p: 973-877-3200  
 Room 3220 | www.essex.edu/fa

**INCOME ADJUSTMENT  
 APPEAL FORM**

*Submit this form to adjust  
 income reported on your 2024-  
 25 FAFSA®*

Please print clearly.

Student Last Name	First Name	ECC ID#	Home Phone	Cell Phone

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: \_\_\_\_\_

Income changed from 2022 as a result of item checked:	Required Documentation
<input type="checkbox"/> Unemployment Benefits; 2023 reduced hours or wages	2023 IRS Tax Transcript
<input type="checkbox"/> Divorce, Separation or Death of spouse or parent	2023 IRS Tax Transcript and the Spouse or Parent's W2 Form for 2023. Copy of divorce decree or death certificate.
<input type="checkbox"/> Retirement	2023 IRS Tax Transcript and verification of the amount from retirement.
<input type="checkbox"/> Reduction or loss of support or untaxed income	Download and complete Statement of Support form: <a href="http://www.essex.edu/fa">www.essex.edu/fa</a> .
<input type="checkbox"/> One-time Income (cash-in pension or IRA accounts etc.)	2023 IRS Tax Transcript & documentation to verify one-time income.
<input type="checkbox"/> Other, specify:	Submit appropriate documentation with explanation

**NOTE: If you, spouse or parent did not file a 2023 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. Full, complete signatures only.**

Full signatures only. No initials.		
Student Signature	Spouse Signature (if applicable)	Parent Signature (if applicable)
Printed Name	Printed Name	Printed Name
Date	Date	Date

**OFFICIAL USE ONLY: Appeal Decision:**    Approved    Denied    Adjustment will not change aid eligibility