



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 2026-
 2027 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 2024 as a result of item checked:	Required Documentation
<input type="checkbox"/> Unemployment Benefits; 2025 reduced hours or wages	2025 IRS Tax Transcript
<input type="checkbox"/> Divorce, Separation or Death of spouse or parent	2025 IRS Tax Transcript and the Spouse or Parent's W2 Form for 2025. Copy of divorce decree or death certificate.
<input type="checkbox"/> Retirement	2025 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: www.essex.edu/fa .
<input type="checkbox"/> One-time Income (cash-in pension or IRA accounts etc.)	2025 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 2025 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