FINANCIAL AID OFFICE
1000 East Victoria Street, WHB250
Carson, California 90747
PHONE: (310) 243-3691

Name: _____
Last *First* *MI*

Student ID# _____

2018-2019 Income Adjustment Appeal Form

Your 2018-2019 financial aid application reflects income information from the 2016 calendar year. If you or your family's financial situation has changed from 2016, you may request to have your financial aid eligibility re-evaluated to use your 2017 or 2018 income information. Please complete this form and submit the required documentation. You will be notified via your Toro e-mail once your appeal has been reviewed.

Instructions: Please provide copies of all supporting documentation requested and include your name and CSUDH student ID number on the top right corner of each page being submitted. Upon review of the documentation submitted, additional information may be required. The deadline to submit this form and all required documents is **April 11, 2019.**

Person(s) impacted by change (check all that apply): ❒ Student ❒ Spouse ❒ Parent(s)

REASON FOR ADJUSTMENT *(check all that apply)*

❒ Loss of job *(attach the following items)*
- o Letter from employer showing the last date worked
- o Copy of most recent pay check stub(s) showing year-to-date earnings
- o Copy of unemployment benefit letter (EDD)

❒ Divorce/separation *(attach the following items)*
- o Date of action: _____
- o Copy of divorce decree, legal separation documents, or notarized statement indicating date of separation **and** proof of separate residences (i.e. copy of utility bill, phone bill or other)
- o All W-2s if a joint tax return was filed (needed to separate income)

❒ Reduction of work hours *(attach the following items)*
- o Copy of most recent pay check stub showing year-to-date earnings
- o Date reduction occurred: _____ Hourly Pay Rate: _____ Current Hours Per Week: _____

❒ Other: Please explain and attach appropriate documentation

REQUIRED DOCUMENTATION

❒ Signed, typed statement providing a detailed explanation regarding the change in income and including the month and year the change occurred. This statement should be signed by the person impacted by the change.

❒ 2018-2019 Dependent (or) Independent Verification Form.

❒ Copy of the 2016 federal tax return transcript(s) *check here:* ❒ *if previously submitted in the 2017-2018 or 2018-2019 school year*

check here: ❒ *if the IRS Data Retrieval Tool (DRT) was used on 2018-2019 FAFSA.*

❒ Copy of the 2017 federal tax return transcript(s) if change occurred in 2017.

❒ Copy of 2018 federal tax return transcript(s) if this form is submitted after January 1, 2019.

❒ If a tax return was not filed for 2016, please submit an **IRS *Verification of Non-Filing*** letter and explain in a signed typed statement how you, your spouse, and/or your parents were able to meet basic living expenses (food, housing, etc.). Include specific dollar amounts and source of all support (monetary support from others, Veteran's Benefits, financial aid refunds, etc.).

CERTIFICATION

The signature(s) below certify that this information is true and gives the Financial Aid Office at CSUDH permission to make changes to my financial aid award(s) based on this request.

_____ _____
Student Signature *(Required)* Date Parent Signature *(required for dependent student)* Date

For Office Use Only

Part 1 (file verified)
❒ FVERC
Append with details
EFC: _____
Simulate prior to P2

Part 2 (update income information)
❒ Adj. EFC Calc Flag
❒ Adj. EFC: _____
❒ Checklist: 19EFCA
❒ Comment Code: 19EFCA
Append with details

Part 3 (adjust award)
❒ Award adjusted
❒ F14 sent
❒ Comment code: 19EFCC
Completed by: _____
Date: _____

PENDING:
❒ Checklist: 19EFCP
❒ Comment Code: 19EFCP
❒ F14 sent

NO ACTION TAKEN:
❒ Checklist: 19EFCN
❒ Comment Code: 19EFCN
❒ F14 sent