

**INCOME REDUCTION OR LOSS**

**Student Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

THE PURPOSE OF THIS FORM IS TO GUIDE STUDENTS THROUGH THE PROCESS OF APPEALING TO THE OFFICE OF FINANCIAL AID BECAUSE OF A CHANGE IN FINANCIAL CIRCUMSTANCES IN THEIR HOUSEHOLD.

PLEASE FOLLOW THE INSTRUCTIONS BELOW TO REQUEST PROFESSIONAL JUDGMENT

**STEP ONE:**

Submit the following documents to the Office of Financial Aid:

1. This form, completed, with student's and spouse's signatures.
2. Letter explaining the reason(s) why total income for your household in 2009 will be different from the year 2008. *Please make the letter as clear and as detailed as possible so the committee will be able to understand your special circumstances.*
3. Employment Verification: A letter from your current employer or former employer verifying your employment. It must be on company letterhead, and the name and phone number of the contact person must be included. A notarized statement is also accepted if, for some reason the employer is not able to give information, a statement is required explaining why the employer is not able to give information.

**This letter must indicate the following:**

- The beginning and ending dates of employment
  - Number of hours worked weekly
  - Rate of pay
4. Copy of the last check stub from any previous and current jobs where money was earned in the year 2009, showing year to date wages.
  5. Print-out of unemployment benefits from Texas Workforce Commission for the individual requesting that their income be adjusted. Even if there were no benefits received, we need at least a blank print out from them.
  6. *If this change is the result of the **death of a spouse**, please include a copy of the death certificate*
  7. *If this change is the result of a **divorce**, please include a copy of the divorce decree*

## **STEP TWO:**

Provide the source of expected monthly income for the year 2009 in the rows below. Income sources can be wages, unemployment benefits, family support, etc. Keep in mind that supporting documentation must be attached for sources of income listed. Remember to include Income Totals per month.

	Source of expected monthly Income for the year 2009	Income Total
January		\$
February		\$
March		\$
April		\$
May		\$
June		\$
July		\$
August		\$
September		\$
October		\$
November		\$
December		\$

## **STEP THREE:**

I hereby certify that the above information is true and complete to the best of my knowledge. I also acknowledge that it is my responsibility to check on the final result of this professional judgment. I understand that incomplete applications will not be considered and that it is my responsibility to be sure that the application is **COMPLETE**.

**The Office of Financial Aid reserves the right to request additional information if deemed necessary. It is the student's responsibility to check on the final outcome of this professional judgment.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Financial Aid Use Only**

FA Committee Members Initials: \_\_\_\_\_

Decision: Approved \_\_\_/\_\_\_/\_\_\_ Disapproved \_\_\_/\_\_\_/\_\_\_ Pending \_\_\_/\_\_\_/\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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