

<b>STC ID:</b>	<b>NAME:</b>
<b>SSN:</b> XXX-XX-	<b>PHONE NUMBER:</b>

**The purpose of this form is to request a reassessment of your information due to a change in your income.**

**Please follow the instructions below.**

**If the income was less in 2022 than in 2021 please submit the following documents:**

1. A detailed statement explaining why the 2022 income was less than in 2021 (i.e.. why a change in income occurred, when it occurred etc...)
2. A signed copy of your and your Spouse's 2021 tax return and applicable schedules if the income information was not transferred with the IRS Data Retrieval Tool on your FAFSA
3. A signed copy of your and your Spouse's **2022** tax return and applicable schedules
4. If the income change is due to a **death of a spouse**, please include a copy of the death certificate
5. If the income change is due to a **divorce**, please include a copy of the divorce decree

**If the income is less in 2023 than in 2021 please submit the following documents:**

1. A detailed statement explaining why the 2023 income will be less than in 2021 (i.e.. why a change in income occurred, when it occurred etc...)
2. A signed copy of your and your Spouse's 2021 tax return and applicable schedules if the income information was not transferred with the IRS Data Retrieval Tool on your FAFSA
3. A signed copy of your and your Spouse's **2023** tax return and applicable schedules (February 2024 and later)
4. A statement from the current or former employer on company letterhead. The statement must include:
  - a. The beginning and ending dates of employment
  - b. The number of hours worked per week
  - c. The rate of pay
5. If the employer is unable or unwilling to provide this information, the person who experienced the change in employment may provide a statement. The statement must include:
  - a. The name of the employer
  - b. The beginning and ending dates of employment
  - c. The number of hours worked per week
  - d. The rate of pay
6. A copy of the last paycheck stub from all jobs held in **2023**. The paycheck stub must include the year-to-date wages
7. If you or your Spouse received unemployment benefits, please provide a printout from Texas Workforce Commission showing the total amount of benefits you or your Spouse qualified for and have received in 2023
8. If you or your Spouse did not receive unemployment benefits, please explain how you are supporting your family. Please provide the source of support and amount of support per month on the second page of this form
9. If the income change is due to a **death of a spouse**, please include a copy of the death certificate
10. If the income change is due to a **divorce**, please include a copy of the divorce decree

# Income Reduction Form I 2023-2024

## MONTHLY INCOME

**Please provide the source of monthly income for 2023. Income sources can be wages, unemployment benefits, family support, etc. Please provide supporting documentation for the sources of income you listed below.**

MONTH	SOURCE OF INCOME	AMOUNT PER MONTH
JANUARY		\$
FEBRUARY		\$
MARCH		\$
APRIL		\$
MAY		\$
JUNE		\$
JULY		\$
AUGUST		\$
SEPTEMBER		\$
OCTOBER		\$
NOVEMBER		\$
DECEMBER		\$
<b>TOTAL INCOME FOR 2023</b>		\$

Processing your Income Reduction request may take up to 2 weeks from the time it is submitted or longer during peak registration time. Incomplete documentation will delay the review process. Any tuition and fees you owe the college are due on the date specified regardless of the status of your Income Reduction request. Payment arrangements should be made while your request is reviewed.

By signing below you acknowledge that the information is true and complete to the best of your knowledge. You also acknowledge it is your responsibility to check on the status of this Income Reduction request through your **Jagnet account**. **Go to the Financial Aid link, then the Financial App then, Notifications to view active messages.**

Student Signature:	Date:
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<b>STUDENT FINANCIAL SERVICES DEPARTMENT USE ONLY</b>				
Approved:	Disapproved:	Pending:	FACM Initials:	Date:
Additional Information Requested/Comments:				

No person shall be excluded from the participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, sexual orientation, gender, gender identity, disability, genetic information, or veteran status.