



**SOUTH TEXAS
COLLEGE**

Student Financial Services – Bldg. K 1.700
3201 W. Pecan Blvd. McAllen, TX 78501
PH 956.872.8375 FAX 956.872.6461

FOR OFFICE USE ONLY
Correction date & #: _____
Initials: _____
New SAI: _____

Income Reduction Form Independent Student 2024-2025

The purpose of this form is to request a reassessment of your information due to special circumstances such as a change in your family’s income or employment status. Please only use Black or Blue ink and do not use whiteout on the form.

STC ID	SSN XXX-XX-	LAST NAME	FIRST NAME	MI
PHONE NUMBER			EMAIL	@stu.southtexascollege.edu

Please follow the instructions below: All Statements need to include the student’s name and STC ID.

If the income was less in 2023 than in 2022, please submit the following documents:

1. A detailed statement explaining why the 2023 income was less than in 2022. Was there a change in employment or job loss? When (what date) did it occur?
2. A signed copy of your and your spouses (if married) 2022 tax returns and applicable schedules if the income information was not imported from the IRS to your FAFSA.
3. A signed copy of your and your spouses (if married) **2023** tax returns 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 final divorce decree.

If the income is less in 2024 than in 2022, please submit the following documents:

1. A detailed statement explaining why the 2024 income will be less than in 2022. Was there a change in employment or job loss? When (what date) did it occur?
2. A signed copy of your and your spouses (if married) 2022 tax returns and applicable schedules if the income information was not imported from the IRS to your FAFSA.
3. A signed copy of your and your spouses (if married) **2024** tax returns and applicable schedules (February 2025 and later).
4. A statement on company letterhead from the current or former employer that includes the following:
 - 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 that includes the following:
 - 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 **2024**. Check stubs must include year to date wages.
7. An agency (Texas Workforce Commission) printout of all unemployment benefits received in 2024. Printout should include the total amount of benefits you/they qualified for and have received in 2024.
8. If no unemployment was received you and your spouse (if married) need to fill out the back part of this form (**Monthly Income**) and include the source of income and amount received per month.
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 final divorce decree.

STC ID:	NAME:
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Monthly Income: Please provide the source of monthly income for 2024 below.

Income sources can be wages, unemployment benefits, business or rental income, worker’s compensation, retirement and pension distributions and family support.

MONTH	SOURCE OF INCOME STUDENT	SOURCE OF INCOME SPOUSE (if married)	STUDENT AMOUNT	SPOUSE AMOUNT (if married)
JANUARY			\$	\$
FEBRUARY			\$	\$
MARCH			\$	\$
APRIL			\$	\$
MAY			\$	\$
JUNE			\$	\$
JULY			\$	\$
AUGUST			\$	\$
SEPTEMBER			\$	\$
OCTOBER			\$	\$
NOVEMBER			\$	\$
DECEMBER			\$	\$
TOTAL INCOME			\$	\$

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.

Each person signing below certifies that all of the information reported is complete and correct to the best of your knowledge. You also acknowledge that it is your responsibility to check on the status of your Income Reduction request through your **JAGNET** account, by clicking on the Financial Aid APP then selecting Notifications to view your active messages.

CERTIFICATION and HAND WRITTEN SIGNATURES – We can only accept electronic signatures/typed signatures if you are uploading your documents via your STC JagNet account, which authenticates your identity.

Student Signature: _____ **Date:** _____

STUDENT FINANCIAL SERVICES DEPARTMENT USE ONLY				
Approved:	Disapproved:	Pending:	SFSS Initials:	Date:
Additional Information Requested/Comments:				

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excludes participation, denies benefits, or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination.