



## 2019-2020 CHANGE OF INCOME REVIEW FORM

Complete this form if you and/or your spouse or parents anticipate your 2019 income to be less than the 2017 income reported on the 2019-2020 FAFSA. Additional documentation will be reviewed to re-determine financial aid eligibility. This form is *not* to be used as a request for additional funding.

Complete and return this form to the Office of Financial Aid & Student Employment with supporting documentation pertaining to the individual(s) with the change of income and the household.

*Documents include, but are not limited to: Federal 2017 & 2018 Tax Return forms (signed), most recent or last paystub, unemployment benefits, untaxed income - social security, pension, child support received/paid, public assistance.*

**Note:** Upon receipt of all required documentation, please allow 14 business days for processing.

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**Instructions:** Complete the questions below and income information chart for the 2019 calendar year using your best estimates if actual figures are not available. Enter a "0" and "NA" in any category that is not applicable.

**Student Name:** \_\_\_\_\_ **Banner ID #:** \_\_\_\_\_

Check one:

- I am completing this form for anticipated changes in **student** income for the 2019 year.
- I am completing this form for anticipated changes in **parent/spouse** income for the 2019 year.

Parent/Spouse Name: \_\_\_\_\_

1. Reason for change in income:

- Retirement                       New employment                       Loss/Termination of employment
- Other: \_\_\_\_\_

2. Change of income effective date (must be for at least 3 consecutive months): \_\_\_\_\_

| <b>2019 Income Source</b>   | <b>Student</b> | <b>Parent 1<br/>or Spouse<br/>(if applicable)</b> | <b>Parent 2</b> | <b>Total</b> |
|---|----------------|---|-----------------|--------------|
| Year to date earned income  | \$             | \$  | \$              | \$           |
| Anticipated earnings for remainder of year                              | \$             | \$  | \$              | \$           |
| Severance pay or accumulated leave during 2019                          | \$             | \$  | \$              | \$           |
| Unemployment compensation during 2019                                   | \$             | \$  | \$              | \$           |
| Income from retirement, annuity pension, or social security during 2019 | \$             | \$  | \$              | \$           |
| Untaxed income/benefits during 2019                                     | \$             | \$  | \$              | \$           |
| <b>Total 2019 Income</b><br>(add all sources above)                     | \$             | \$  | \$              | \$           |

I (we) certify that the information provided here is complete and accurate to the best of my (our) knowledge. I (we) agree to provide further validation of these estimates, if requested.

\*\* Please remember to attach all supporting documentation as applicable (*see list on page 1*). \*\*

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Spouse Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Warning: If you purposely give false information on this form, you may be fined, sentenced to jail, or both.