Imperial Valley College
Financial Aid Office
380 East Aten Rd. • Imperial, California • 92251-0158
Phone: (760) 355-6266 • Fax: (760) 355-6119 • www.imperial.edu

2012-2013 Income Adjustment Appeal

Name: _____ IVC ID: G _____
(Last) (First) (Middle)

Email: _____

INSTRUCTIONS: You are submitting this appeal to adjust your Expected Family Contribution (EFC) based on a change in and/or a reduction to 2012 earnings and/or benefits. Provide a brief statement below and attach supporting documents. Please be advised that your 2011 income must be verified before your appeal will be considered.

SECTION 1: Reason(s) for Loss of Income or Benefits

☐ My parents' **2012 income and/or benefits** will be **LESS** than 2011 due to (check one box below):

☐ My (or my spouse's) **2012 income and/or benefits** will be **LESS** than 2011 due to (check one box below):

- ☐ Loss of Employment
- ☐ Loss of Benefits (i.e. SSI, TANF, child support, alimony)
- ☐ Retirement
- ☐ Reduction in Work Hours
- ☐ Job Change
- ☐ Other (Specify) _____

Brief Statement (or attach separate statement)

SECTION 2: Attach your or your parent's supporting document(s). Use the checklist below to specify the type of document(s).

☐ A letter from your last employer(s). Use company letterhead to verify the date of layoff, retirement and/or reduction of work hours.

☐ A copy of the **year-to-date** paycheck stub verifying income.

☐ A copy of your unemployment, Social Security and/or other types of benefits (if currently receiving benefits).

☐ Other: (Please specify): _____

SECTION 3: Tell us your or your parent's projected 2012 income and/or benefit amount:

	STUDENT	SPOUSE/PARENT				
1. Current Year to Date earnings/income and benefits	$ _____	$ _____	From:	Jan 1, 2012	to	_____
2. Projected earnings	+ $ _____	$ _____	From:	_____	to	Dec 31, 2012
3. Projected benefits/income (unemployment, social security, etc., other income not reported)	+ $ _____	$ _____	From:	_____	to	Dec 31, 2012
4. Total 2012 income/benefits:	$ _____	+ _____	= _____			

Certification: I/We hereby certify that all the information reported on this form and any attachments hereto are true, complete, and accurate. Further, I/we understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal and/or repayment of aid disbursed, as well as student disciplinary action. I/We understand that the calculation of the estimated family contribution may not result ineligibility for the Federal Pell Grantor need-based financial aid. I also understand that I/we are responsible for providing to the Financial Aid Office all required documents before aid will be awarded.

Student's Signature: _____ Date: _____

Parent's Signature: (dependent student only) _____ Date: _____

FOR OFFICE USE ONLY

_____Adjustment Will Not Change Eligibility for Need Based Aid _____Appeal Approved _____Appeal Denied

Comments: _____

Approved by: _____ Date: _____

_____ **Original EFC** _____ **Adjusted EFC**