



## 2016-2017 Income Adjustment Appeal

Name: \_\_\_\_\_ IVC ID: G \_\_\_\_\_  
 (Last) (First) (Middle)

**INSTRUCTIONS:** You are submitting this appeal to adjust your Expected Family Contribution (EFC) based on a change in and/or a reduction to 2016 earnings and/or benefits. Provide a brief statement below and attach supporting documents. Please be advised that your 2015 income must be verified before your appeal will be considered.

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

- My parents' **2016 income and/or benefits** will be **LESS** than 2015 due to (check one box below)
- My (or my spouse's) **2016 income and/or benefits** will be **LESS** than 2015 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 income and/or benefit amount:**

	STUDENT	SPOUSE/PARENT		
1. Year-to-date earning	\$ _____	\$ _____	From: _____	to _____
2. Year-to-date other income/benefits <small>(Unemployment, child support, etc)</small>	\$ _____	\$ _____	From: _____	to _____
3. Projected earnings	\$ _____	\$ _____	From: _____	to _____
4. Projected other income/benefits <small>(Unemployment, child support, etc)</small>	\$ _____	\$ _____	From: _____	to _____
5. Total	\$ _____	+ \$ _____	=	_____

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 Grant or 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
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Comments: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Original EFC                      \_\_\_\_\_ Adjusted EFC