

Imperial Valley College
Financial Aid Office
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## 2013-2014 Income Adjustment Appeal

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Name:	•				IVC ID: G				
rianic.	(Last)	(First)				(Middle)	. 10011	J. <u>G</u>	
to 2013	JCTIONS: You are submitting this a calendar year or 2013-14 award yo be advised that your 2012 income	ear earnings and/	or benefits. Pro	ovide a b	brief statemer	nt below and at			
SECTIO	ON 1: Reason(s) for Loss of Incom	e or Benefits							
□ Мур	parents' 2013 calendar year or	2013-14 award	year income	and/or	benefits wi	ill be <b>LESS</b> th	an 2012 di	ue to (check one box below)	
□ My (	(or my spouse's) <b>2013 calendar</b>	year or 2013-14	4 award year	incom	e and/or be	nefits will be	LESS thar	1 2012 due to (check one	
	Loss of Employment				Reduction in	n Work Hours			
	Loss of Benefits (i.e. SSI, TANF, ch	nild support, alimor	ıy)		Job Change	;			
	Retirement				Other (Spe	ecify)			
Brief	f Statement (or attach separate	e statement)							
SECTIO	ON 2: Attach your or your paren	t's supporting do	ocument(s). U	se the	checklist bel	low to specify	the type o	of document(s).	
□ A le	etter from your last employer(s). Us	e company letter	nead to verify th	ne date	of layoff, retir	ement and/or r	eduction of	work hours.	
□ A co	opy of the <b>year-to-date</b> paycheck	stub verifying inco	ome.						
□ A co	opy of your unemployment, Social	Security and/or of	ther types of be	enefits (i	f currently red	ceiving benefits	s).		
	er: (Please specify):	,	,, ,,	,	,	J	,		
OF OTIO	ON 3: Tell us your or your paren	t'a projected inc	ome and/or he		mount:		In a law Value	5 0040 44 A	
SECTION	3. Tell us your or your paren	STUDENT	SPOUSE/PAI		nount.	□ 2013 Ca	iendar Year	☐ 2013-14 Award Year	
1. Yea	ar-to-date earning	\$	\$		From:	to		_	
2. Yea	ar-to-date other income/benefits	\$	\$		From:	to		<u> </u>	
	ojected earnings	\$	\$		From:	to	o	_	
4. Pro	pjected other income/benefits	\$	\$		From:	tc	D	<u> </u>	
5. Tot		\$	+ \$	=					
unders discipli	cation: I/We hereby certify that all the instand that false statements and/or misre inary action. I/We understand that the offinancial aid. I also understand that I/we	epresentations will recalculation of the es	esult in denial, restimated family co	eduction, ontributio	withdrawal and on may not resu	d/or repayment or ult ineligibility for	f aid disburse the Federal	ed, as well as student Pell Grant or need-	
Student'	s Signature:					Date:			
Parent's Signature: (dependent student only)					Date:				
		FC	OR OFFICE USE	E ONLY					
0	Adjustment Will Not Chang	, ,			Appeal	Approved	Appea	I Denied	
Comments:  Approved by:						Date			
Approv	eu by:					Date			
i .	Orinia	! 550				Adjusted EEC			