

**STUDENT NAME:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

Department of Education uses the 2015 financial information you provided on your 2017-2018 Free Application For Federal Student Aid (FAFSA) to determine your financial aid eligibility.. This Reduction in Income Form is for students/parents whose financial circumstances have changed drastically since 2015 and would like to request that the financial aid office re-evaluate your eligibility based on their current financial status. Please note that the following circumstances are **NOT** considered viable reasons for a Reduction in Income request: Unusual expenses related to personal living (e.g. credit card bills, mortgage/loan payments, wedding), reduction in overtime pay, bankruptcy, retirement, business, stock market or one-year bonus income losses (e.g. lottery/gambling winnings).

**PLEASE READ THE FOLLOWING INSTRUCTIONS**

1. Go to [www.losmedanos.edu/financialaid](http://www.losmedanos.edu/financialaid) and click on “Applications & Forms” on the left sidebar menu. Print and complete a 2017-2018 V1 Verification Form. Attach a copy of your/your parent(s) 2015 Federal Income Tax Transcript.
2. Complete sections A through D thoroughly and attach supporting documentation.

**SECTION A: EXPLANATION OF INCOME REDUCTION**

Attach a **personal statement** to explain your current financial situation. **Describe your current situation in detail and give a clear explanation of your financial situation.** Be complete in your written explanation as it determines the processing of your reduction in income. When did the changes to your finances occur: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION B: REASON FOR REQUEST (Check all that apply.)**

Reason For Income Adjustment Request	Required Documents
<input type="checkbox"/> <b>LOSS OF EMPLOYMENT - Since tax year 2015, you/your parent(s) was out of work for a considerable amount of time.</b> Documentation must be provided verifying that the person’s employment status has changed AND the date the person became unemployed.	<input type="checkbox"/> <b>Termination letter</b> or statement from previous employer on company letterhead notating last day of employment. <input type="checkbox"/> <b>“Notice of Unemployment Insurance Claim”</b> and the <b>“Notice of Unemployment Insurance Award”</b> if currently receiving unemployment. <input type="checkbox"/> Unemployment denial letter if not receiving unemployment. <input type="checkbox"/> Statement from current employer, if applicable, on company letterhead noting when employment began, number of hours worked per week, and wages earned per hour or month. <input type="checkbox"/> Copy of your last pay stub notating Year-To-Date earnings. <input type="checkbox"/> Proof of untaxed income received (if applicable)
<input type="checkbox"/> <b>LOSS OF UNTAXED INCOME OR BENEFIT –</b> An immediate member of your family has lost some type of untaxed income or benefit in 2017 or 2018 (Social Security, child support, etc.).	<input type="checkbox"/> Official documentation stating the date the untaxed income or benefit was terminated is required.
<input type="checkbox"/> <b>DIVORCE OR SEPARATION -</b> Since filing the FAFSA, you/your parent has become divorced or separated. You must list the date the separation or divorce occurred under Section B.	<input type="checkbox"/> Two (2) official documents confirming divorce or separation. Official documents may include a copy of a lease, divorce or separation decree, other legal documents demonstrating a divorce/separation. Documents must list a street address. P.O. Boxes are not acceptable.
<input type="checkbox"/> <b>DEATH OF PARENT OR SPOUSE -</b> Since filing the FAFSA, your spouse/your parent has died.	<input type="checkbox"/> Submit a copy of the Death Certificate.
<input type="checkbox"/> <b>OTHER EXTENUATING CIRCUMSTANCES –</b> The circumstances must have been beyond your/your parent’s control (i.e. medical condition).	<input type="checkbox"/> Attach supporting documentation.

**SECTION C: ESTIMATE CURRENT INCOME INFORMATION**

**Method 1: PROJECT YOUR INCOME FOR 2017:** List your/your parent’s estimated income for JANUARY-DECEMBER 2017. You must attach documentation that is in agreement with the amounts you list below

SOURCES OF INCOME	Income between Jan. 1, 2017 – TODAY	Estimated Income between TODAY – Dec. 31, 2017	TOTAL
Parent’s wages, salaries, tips (includes severance pay, disability payments, and any income from employment)			
Student’s (and spouse) wages, salaries, tips (includes severance pay, disability payments, and any income from employment)			
Other taxable income (including unemployment benefits)			
Social Security Benefits			
Alimony and/or child support			
Other untaxed income			
<b>Total projected income for 2017</b>			

**Method 2: ESTIMATED INCOME FOR THE ACADEMIC YEAR OF 2017-2018:** List your/your parent’s estimated income for the Academic Year of 2017-2018 (7/1/17-6/30/18). Include all income received from July 1, 2017 until now, and estimate the amounts to be received from now until June 30, 2018.

SOURCES OF INCOME	Income between Jul. 1, 2017 – TODAY	Estimated Income between TODAY – Jun 30, 2018	TOTAL
Parent’s wages, salaries, tips (includes severance pay, disability payments, and any income from employment)			
Student’s (and spouse) wages, salaries, tips (includes severance pay, disability payments, and any income from employment)			
Other taxable income (including unemployment benefits)			
Social Security Benefits			
Alimony and/or child support			
Other untaxed income			
<b>Total projected income for 2017</b>			

**SECTION D: STATEMENT OF CERTIFICATION AND AUTHORIZATION**

By signing this form, I certify that all statements and/or supporting documentation are true and correct to the best of my knowledge. If any of the figures used on this form changes, I accept the responsibility for contacting the Office of Financial Aid in writing with the corrected information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

CPS Verification Required |  Yes  No  
OLD EFC | \_\_\_\_\_  
2015 AGI | \$ \_\_\_\_\_  
2015 Tax Paid | \$ \_\_\_\_\_  
2015 Untaxed Income | \$ \_\_\_\_\_  
Date Reviewed | \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FA Counselor | \_\_\_\_\_  
New EFC | \_\_\_\_\_  
Estimated 2017 or 2017-2018 AGI | \$ \_\_\_\_\_  
Estimated 2017 or 2017-2018 Tax Paid | \$ \_\_\_\_\_  
Estimated 2017 or 2017-2018 Untaxed Income | \$ \_\_\_\_\_  
Approved |  Yes  No

Processed date \_\_\_\_\_  
FAA Tentative EFC \_\_\_\_\_  
Pell Award Date \_\_\_\_\_  
Pell Award Amount \_\_\_\_\_  
Letter Sent  Yes  No