

# 2020-2021 Reduction in Income Form

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

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

Department of Education uses the 2018 financial information you provided on your 2020-2021 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 2018 or 2019 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 2020-2021 V1 Verification Form. Attach a copy of your/your parent(s) 2018 Federal Income Tax Transcript or 2018 Tax Return
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 2018 or 2019, 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 2018 or 2019 (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 2020:** List your/your parent’s estimated income for JANUARY-DECEMBER 2020. You must attach documentation that is in agreement with the amounts you list below

SOURCES OF INCOME	Income between Jan. 1, 2020 – TODAY	Estimated Income between TODAY – Dec. 31, 2020	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 2020</b>			

**Method 2: ESTIMATED INCOME FOR THE ACADEMIC YEAR OF 2020-2021:** List your/your parent’s estimated income for the Academic Year of 2019-2020 (7/1/20-6/30/21). Include all income received from July 1, 2019 until now, and estimate the amounts to be received from now until June 30, 2020.

SOURCES OF INCOME	Income between Jul. 1, 2020 – TODAY	Estimated Income between TODAY – Jun 30, 2021	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 2020-2021</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	<input type="checkbox"/> Yes <input type="checkbox"/> No	FA Counselor	_____	Processed date	_____
OLD EFC	_____	New EFC	_____	FAA Tentative EFC	_____
2017 AGI	\$ _____	Estimated 2020 or 2020-2021 AGI	\$ _____	Pell Award Date	_____
2017 Tax Paid	\$ _____	Estimated 2020 or 2020-2021 Tax Paid	\$ _____	Pell Award Amount	_____
2017 Untaxed Income	\$ _____	Estimated 2020 or 2020-2021 Untaxed Income	\$ _____	Letter Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Reviewed	____/____/____	Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No		