## 2014-2015 Guidelines for Income Reassessment

A financial aid administrator may use Professional Judgment (PJ) on a case-by-case basis only to adjust the student's cost of attendance or the data used to calculate Expected Family Contribution (EFC). This adjustment is valid only at the school making the change. This is a subjective process and there is no requirement that two similar cases shall have the same outcome.

CATEGORY	DOCUMENTATION	
UNEMPLOYMENT OR CHANGE IN EMPLOYMENT (This cannot be voluntary such as willfully quitting a job)	Submit the following documents:	
You and/or your parent(s) earned money in 2013 and have lost this job in 2014. You and/or your parent(s) worked full time in 2013 but are no longer working full time now, and/or suffered a reduction in hours or reduced wages.	<ul> <li>Most recent pay stubs showing YTD earnings for all jobs held in 2013</li> <li>Letter of Unemployment Insurance Claim Information or other documentation showing unemployment benefits dates, amounts received, and value of benefits remaining OR Letter from employer stating the cause for change in hours or employment status.</li> </ul>	
SEPARATION OR DIVORCE	Submit the following documents:	
Your parents have separated or divorced in 2013 after initial completion of your FAFSA.	<ul> <li>Include a disposition of the family assets in your written statement</li> <li>Copy of the divorce decree, and/or proof of separate domiciles</li> </ul>	
DEATH	Submit the following documents:	
One of your parents who worked in 2013 is deceased	<ul> <li>Death certificate</li> <li>Proof of income generated by the deceased individual in 2013</li> </ul>	
DISABILITY	Submit the following documents:	
You and/or your parent(s) have been unable to earn money due to a recent or unanticipated disability.	<ul><li> Proof of disability</li><li> Proof of YTD earnings</li></ul>	
<b>ONE-TIME INCOME</b>	Submit documentation showing proof of the	
You and/or your parent(s) received income in 2013 (such as inheritance, early withdrawal of pension/401K/IRA) that is not typical or expected to be received in 2014.	<ul> <li>non-recurring nature of the income, such as:</li> <li>Copy of 2013 tax transcript for person with change to income (required)</li> <li>Gain from sale of home</li> <li>Gambling winnings (1099-G)</li> <li>1099-R</li> </ul>	
LOSS OF TAXABLE OR UNTAXED BENEFITS	Submit the following document:	
You and/or your parent(s) received unemployment benefits or some other form of untaxed income in 2013 and lost that income in 2014.	• Letter/notice from agency indicating benefits have been terminated	
UNREIMBURSED MEDICAL EXPENSES	Submit the following document:	
You and/or your parent(s) paid medical/dental bills in 2013 not covered by insurance.	<ul> <li>Receipts or cancelled checks showing payments made in full, or</li> <li>Schedule A of your 2013 Federal Income IRS tax transcript</li> </ul>	

Date:



# PimaCommunityCollege

# 2014-2015 Request for an Income Reassessment

Name	Student ID	
Address	Phone Number	
	Pima E-mail	

### Check the appropriate box:

Unemployment or Change in Employment         Separation or Divorce (copy of parents' 2013 tax transcripts and all W-2's required         Death         One-Time Income (copy of 2013 tax transcript required)         Unreimbursed Medical Expenses         Disability         Loss of Taxable or Untaxed Benefits         Other:	
Death One-Time Income (copy of 2013 tax transcript required) Unreimbursed Medical Expenses Disability Loss of Taxable or Untaxed Benefits	Unemployment or Change in Employment
One-Time Income (copy of 2013 tax transcript required) Unreimbursed Medical Expenses Disability Loss of Taxable or Untaxed Benefits	Separation or Divorce (copy of parents' 2013 tax transcripts and all W-2's required)
Unreimbursed Medical Expenses         Disability         Loss of Taxable or Untaxed Benefits	Death
Disability Loss of Taxable or Untaxed Benefits	One-Time Income (copy of 2013 tax transcript required)
Loss of Taxable or Untaxed Benefits	Unreimbursed Medical Expenses
	Disability
Other:	Loss of Taxable or Untaxed Benefits
	Other:

## I am submitting the following documents and understand that failure to submit a complete packet will result in denial:

**Typed Statement:** Provide a typed and signed statement clarifying the extenuating circumstances resulting in a change in income. The statement must include a detailed account (timeline) of these events and include a projection of your total 2014 income (income may include wages, unemployment income, workman's compensation, child support, etc.).

#### Initial

**Supporting Documentation:** Provide appropriate documentation to substantiate your circumstances. For acceptable documentation, see the chart on page 1 of this form.

#### Initial

Federal Benefits Received in	Benefits Received in Circle Yes or No			
2012 and/or 2013	Parent(s)		Student	
SNAP	Yes	No	Yes	No

Student Signature	handwritten):

### All students will be notified with a message on their MyPima with the Income Reassessment outcome.

□ Approved FAO Signature:	Denied	Office Use Only:	New EFC: Date:	Trans#
Student Service Center Staff Use Only:		Return this form by:		
Date Received		Scan and email to <u>cofinaid@pima.edu</u> or		
Staff Name		Submit to any campus Student Services Center		

Pima Community College is an equal opportunity, affirmative action employer and educational institution committed to excellence through diversity. Reasonable accommodations, including materials in an alternative format, will be made for individuals with disabilities when a minimum of five working days advance notice is given. For the general public, please contact the PCC information line at 206-4500 (TTY 206-4530); for PCC students, contact the appropriate campus Disabled Student Resources Office.