



Name: _____

Campus ID Number: _____

Email: _____

2013 - 2014 Projected Year Income Appeal

You are submitting this appeal to request an adjustment to your Expected Family Contribution (EFC) based on a change in, and/or a reduction to, 2013 earnings and/or benefits. Before an appeal can be considered, the student's 2013 - 2014 FAFSA or DREAM ACT Application must be on file with CSU Long Beach, and the student must have received his/her official Award Notification (not a "Preliminary" offer).

Complete all sections of the form and attach supporting documents.

PLEASE NOTE: Additional income verification documents may be required as part of the appeal. It is recommended that you meet with a financial aid counselor prior to submitting the appeal. This will help minimize potential requests for additional documentation as well as prevent delays in processing of the appeal.

Section 1: Reason(s) for Reduction of Income or Benefits

The reduction is for (check all that apply): Mother Father Student Spouse

The reduction/change of income and/or benefits is due to:

- Loss of Employment Job Change Retirement
- Reduction of Work Hours Previous Hours per Week: _____ Current Hours per Week: _____
- Loss of Benefits (i.e. SSI, TANF, Child Support, Alimony)
- Divorce or Separation Death of Parent/Spouse
- Other: _____

The date the reduction/change of income or benefits first occurred: _____

Section 2: Supporting Document(s)

Use the checklist below to specify the type of document(s) being submitted.

- A letter from the current (or last) employer(s). The letter should be on company letterhead, and must identify the change to employment status (layoff, termination, retirement and/or reduction of work hours) and the date the change occurred.
- A copy of the year-to-date paycheck stub verifying income.
- A copy of your benefits statement (if currently receiving benefits).
- A copy of death certificate.
- A copy of divorce decree/separation paper, letter from an attorney or evidence of separate residences.
- Other: _____



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Section 3: Projected 2013 Income and/or Benefit Amounts

Provide the BEST estimate of your income from all sources for the period from January 1, 2013 through December 31, 2013. List figures for the *entire* 2013 calendar year – it may be necessary for you to project or estimate a portion of this income. CSULB’s Office of Financial Aid will verify the income information based on the documentation and/or information you provide with this appeal.

Provide a response for each of the items listed below. Do not leave any items blank; if the answer is zero, indicate \$0.

<i>Income or Benefit Item</i>	<i>Dollar Amount</i>
2013 Gross Income earned from work (Father)	
2013 Gross Income earned from work (Mother)	
2013 Gross Income earned from work (Student)	
2013 Gross Income earned from work (Spouse)	
2013 Other taxable Gross Income (unemployment Benefits, interest income, dividends, pension, spousal support, etc.) Attach appropriate supporting documentation.	
2013 Benefits (Social Security, TANF, worker’s compensation, disability). Attach a copy of the eligibility payments.	
2013 Child Support received for all children	
2013 Other Untaxed Income (housing vouchers, disability, etc.)	

STEP 7: Certification Statement

By signing this form, I/we certify that all the information reported on this form and all attachments is true, complete, and accurate. I/we understand that false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

I understand that submission of this appeal does not guarantee approval, nor does it guarantee any changes in the original financial aid package offered. I understand that if the appeal is approved, the calculation of the EFC may not result in my being awarded a State University Grant (SUG), as that award has limited funding. The awarding of a SUG is based not only on the EFC/student eligibility, but also on the availability of funds.

Student Signature: _____ Date _____

Spouse/Parent Signature: _____ Date _____

Return the completed form and supporting documentation to the Office of Financial Aid at CSU Long Beach. Appeals should be submitted in-person and not by mail or fax.

Please allow a minimum of 3 weeks for your appeal to be reviewed. Appeal decisions will be sent to the email address listed on the appeal.