



2013-2014 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
<p align="center">UNEMPLOYMENT OR CHANGE IN EMPLOYMENT (This cannot be voluntary such as willfully quitting a job)</p> <p>You and/or your spouse earned money in 2012 and has lost this job in 2013.</p> <p>You and/or your spouse worked full time in 2012 but are no longer working full time now, and/or suffered a reduction in hours or reduced wages.</p>	<p>Submit the following documents:</p> <ul style="list-style-type: none"> • Most recent pay stubs showing YTD earnings for all jobs held in 2012 • Letter of Unemployment Insurance Claim Information or other documentation showing unemployment benefits dates, amounts received, and value of benefits remaining
<p align="center">DEATH</p> <p>Your spouse who worked in 2012 is deceased</p>	<p>Submit the following documents:</p> <ul style="list-style-type: none"> • Death certificate • Proof of income generated by the deceased individual in 2012
<p align="center">DISABILITY</p> <p>You and/or your spouse has been unable to earn money due to a recent or unanticipated disability.</p>	<p>Submit the following documents:</p> <ul style="list-style-type: none"> • Proof of disability • Proof of YTD earnings
<p align="center">ONE-TIME INCOME</p> <p>You and/or your spouse received income in 2012 (such as inheritance, early withdrawal of pension/401K/IRA) that is not typical or expected to be received in 2013.</p>	<p>Submit documentation showing proof of the non-recurring nature of the income, such as:</p> <ul style="list-style-type: none"> • Copy of 2012 tax transcript (required) • Gain from sale of home • Gambling winnings (1099-G) • 1099-R
<p align="center">LOSS OF TAXABLE OR UNTAXED BENEFITS</p> <p>You and/or your spouse received unemployment benefits or some other form of untaxed income in 2012 and lost that income in 2013.</p>	<p>Submit the following document:</p> <ul style="list-style-type: none"> • Letter/notice from agency indicating benefits have been terminated
<p align="center">UNREIMBURSED MEDICAL EXPENSES</p> <p>You and/or your spouse paid medical/dental bills in 2012 not covered by insurance.</p>	<p>Submit the following document:</p> <ul style="list-style-type: none"> • Receipts or cancelled checks showing payments made in full, or • Schedule A of your 2012 Federal Income IRS tax transcript

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

2013-2014 Request for an Income Reassessment

Name _____ Student ID A
 Address _____ Phone Number _____
 _____ Pima Email _____

Check the appropriate box:

- Unemployment or Change in Employment
- Death
- One-Time Income (copy of 2012 tax transcript required)
- Unreimbursed Medical Expenses
- Disability
- 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 2013 income (income may include wages, unemployment income, worker'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 2012 and/or 2013	Click Yes or No			
	Spouse		Student	
SNAP	Yes	No	Yes	No

Student Signature: _____

Date: _____

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

Approved
FAO Signature: _____

Denied

Office Use Only:

Review/no changes

New EFC: _____

Trans# _____

Date: _____

Student Service Center Staff Use Only:

Date Received	_____
Staff Name	_____

Return this form by:

Scan and email to cofinaid@pima.edu or

Submit to any campus Student Services Center