## THE UNIVERSITY OF ALABAMA

## **Student Financial Aid**

## **Income Reduction 2014-15**

Last Name	First Name	MI	
Date of Birth		Identification Number (CWID) Office of Academic Records. This is not your SSN.	
Home Phone Number	Work Phone N	lumber	
To ensure fairness and compliance with be considered. Income reductions are Common income reductions include, or death of a parent.	considered on a case-by-case ba	asis when a student submits a request	
If special conditions exist that might capply and submit this form to our office 2014-15 Free Application for Federal Studies	ce along with the required docu	mentation. You must have completed the	
Requirements (without thes	e items, your request ca	annot be reviewed):	
ü You and/or your parents 2013 fed ü Required documents for the type of ü The income reduction form must be	fincome reduction you are req		
Comple	ete only the sections tha	at apply	
All categories may result in a change to financial need does not guarantee t this request. Final decision will be pos	hat additional aid will be awa		
"1) Unemployed or change of empl	loyment:		
or reduction of ü Start date of current employi ü Attach a written state	notice or letter from former emperoduce or letter from former emperoduces and gross earnings ment:	ployer with end date of employment  mployer(s) with the expected gross of your most recent pay stub	
"2) Separated, divorced or widowed	d since originally filing the F.	AFSA.	
"Separated "Divorced "Wido Date this occurred:	wed  ousehold (if student is depende tation:		

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"3) Loss of one time benefits or untaxed Security benefits, Child support) that was			RA distribution, Social
ü What type of benefit was terminated ü When did the benefit end or chang ü Attach supporting documentation of benefit that was terminated or redu Human Resources of a copy of the	e? of the b uced (fo	penefit(s) identifying the source or Child Support: statement	te and amount of the from the Department of
List all the family members included on y (FAFSA). Write the name of the college for least half-time between July 1, 2014 and June	your ho	ousehold members who will b	oe attending college at
Name	Age	Relationship to Student	College (if applicable)
	1280	Student	University of Alabama
			,
	e for th	r January 1, 2014 – Dece e affected person's <u>entire</u> 201 ns with zero (0) if it does not	4 income.
Check one: Student	Spous	e Parent 1	Parent 2
Nam	ne	Nan	me
Earnings from work (wages, salaries, tips, etc	:):		
Pension Pay or Severance Pay:			
Veteran's Benefits:			
Taxed Social Security Benefits:			
Other Taxed Income or Benefit:			
Child Support Received:			
Other Untaxed Income or Benefits:			
Certification (parent signature require To the best of my knowledge, the information of facts in connection with this appeal may re-	on in thi	is appeal is true. I understand	
Student Signature:		Parent Signature:	
Student Financial Aid 106 Student Services Center Box 870162 Tuscaloosa, AL 35487-0162 Telephone: (205)348-6756 Fax: (205)348-2989		Allow 10-14 d A final decision will be posted	lays to process this request. I on your myBama account.

Website: www.financialaid.ua.edu