



INCOME

Income Adjustment Appeal 2017-2018

Student Name _____ Student ID # 900- _____ Phone _____

Address _____ City _____ ZIP _____

Your Estimated Family Contribution (EFC) for 2017-2018 was calculated using 2015 calendar year income information. If you or your family has experienced a reduction in income during 2016, we may be able to make an adjustment to your financial aid eligibility for the 2017-2018 academic year. Please indicate which type of income loss you have experienced. **Please note: We will not review 2017 income loss until May 2017.** This form **MUST** be received by our office at least 3 weeks prior to the end of the semester that you are requesting financial aid consideration. Incomplete documents will NOT be accepted by our office.

YOU WILL BE NOTIFIED VIA EMAIL IF FORM IS INCOMPLETE!

Complete the worksheet on the back of this page.

APPEALS CONTAINING ZERO YEARLY INCOME WILL BE DENIED.

Income loss is for: ☐ Student ☐ Student's Spouse or Parent

Year: ☐ 2016 ☐ 2017

You must include with your request:

- ☐ A signed, detailed letter of explanation of your situation
- ☐ A copy of **all** 2015 U.S. Income Tax documents (tax returns, all schedules, worksheets, W-2's, 1099's, etc.) for individual(s) affected (parent(s) and student/spouse)
 - ☐ For all appeals submitted after January 30, 2018 instead submit a copy of **all** 2016 U.S. Income Tax Documents (tax returns, all schedules, worksheets, W-2's, 1099's, etc.) for individual(s) affected (parent(s) and student/spouse)
- ☐ All documentation that applies to your situation (as outlined below)

Extreme Circumstance:

Examples of Additional Supporting Documentation:

<input type="checkbox"/> Significant loss of income/loss employment (Student, parent(s), Spouse) NOTE: Requests may be delayed until the end of 2016 or 2017 if income is undeterminable or until the affected member has obtained employment.	<input type="checkbox"/> Last pay stub from previous employment Date of unemployment: ____/____/____ <input type="checkbox"/> Current pay stub of affected person Date of new employment: ____/____/____ <input type="checkbox"/> Proof of unemployment and/or benefits Date benefits began: ____/____/____ <input type="checkbox"/> Proof of severance package benefits <input type="checkbox"/> Proof of pension income <input type="checkbox"/> Proof of one-time payment (1099, Roth IRA Statement)
<input type="checkbox"/> Death of a parent or spouse that has taken place <u>after</u> the 2017-2018 FAFSA has been filed	<input type="checkbox"/> Death certificate or obituary notice <input type="checkbox"/> Most recent paystub of surviving parent/spouse
<input type="checkbox"/> Separation/Divorce of parent or student that has taken place <u>after</u> the 2017-2018 FAFSA has been filed.	<input type="checkbox"/> Final divorce decree <input type="checkbox"/> Legal compliant for divorce <input type="checkbox"/> Court documentation of legal separation <input type="checkbox"/> Most recent paystub from student and parent
<input type="checkbox"/> Newly Disabled (Student, parent(s), spouse) that has taken place <u>after</u> the 2017-2018 FAFSA has been filed.	<input type="checkbox"/> Documentation confirming disability <input type="checkbox"/> Documentation of total income earned or to be earned in 2016 or 2017 by disabled individual (this may include a copy of the most recent pay stub, Social Security income or SSI, workman's comp, etc.)
<input type="checkbox"/> Loss of Variable Income (Child Support, Social Security, etc.) that has taken place <u>after</u> the 2017-2018 FAFSA has been filed.	<input type="checkbox"/> Proof & amount of court-ordered child support <input type="checkbox"/> Documentation of benefits lost including effective date

Office Use Only:

Date: _____ Reviewed By: _____ Counselor Decision: ☐ Approved ☐ Denied

Comments:

Metropolitan State University of Denver — Office of Financial Aid and Scholarships

Campus Box 2 PO Box 173362 Denver, CO 80217 Phone (303) 556-8593 prompt 1 Fax (303) 556-4927
 Email: finaid@msudenver.edu <http://www.msudenver.edu/financialaid/>

Income: Please provide a correct estimate for all income received:

☐ Jan. 1, 2016 – Dec. 31, 2016.
☐ Jan. 1, 2017- Dec. 31, 2017.

Provide **all** income sources. Documentation of all income **MUST BE ATTACHED** or this form will be returned to you.
(Please use gross earnings). Provide information for the person(s) whose income is being adjusted.

YEARLY INCOME AMOUNTS:

	Student	Spouse (If married)	Mother (If dependent)	Father (If dependent)
Wages, salaries, & Tips from all jobs Jan-Dec 2016/17	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment income during 2016/17	\$ _____	\$ _____	\$ _____	\$ _____
Withdrawals from savings during 2016/17	\$ _____	\$ _____	\$ _____	\$ _____
Withdrawal from IRA/Retirement plan during 2016/17	\$ _____	\$ _____	\$ _____	\$ _____
Support from family or friends during 2016/17	\$ _____	\$ _____	\$ _____	\$ _____
Social Security or Disability Income for 2016/17	\$ _____	\$ _____	\$ _____	\$ _____
Welfare/AFDC/ADC/TANF for 2016/17	\$ _____	\$ _____	\$ _____	\$ _____
Child support received during 2016/17	\$ _____	\$ _____	\$ _____	\$ _____
Financial Aid REFUNDS received during 2016/17	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Total expected YEARLY income for 2016 or 2017:	\$ _____	\$ _____	\$ _____	\$ _____

Expenses: Please provide all **MONTHLY** expenses. **Your yearly expenses must be covered by estimated yearly income.**

MONTHLY EXPENSE AMOUNTS:

	Student (And spouse If married)	Parents (If dependent)
Housing	\$ _____	\$ _____
Food	\$ _____	\$ _____
Car payment and/or car insurance	\$ _____	\$ _____
Gas, parking	\$ _____	\$ _____
Telephone and utilities	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total MONTHLY & YEARLY expenses	\$ _____ X 12 Months = _____	\$ _____ X 12 Months = _____

****Follow-up data and documentation on the income sources shown may be requested****

An incorrect estimate could result in the billing back of financial aid and scholarships. Please be accurate in order to prevent your financial aid and scholarship awards from being cancelled and/or billed back to you.
All changes and decisions with regards to this appeal are final.

As certified by the signatures below, all the information provided by others or me is true and complete to the best of my (our) knowledge. I understand the Office of Financial Aid and Scholarships may require additional documentation.

Student Signature _____ **Date** _____

Spouse Signature _____ **Date** _____

**Required if married*

Parent Signature _____ **Date** _____

**Required if dependent*