



**Independent Student Income Reduction  
Appeal Academic Year 2022-2023**

Student Name \_\_\_\_\_ ID \_\_\_\_\_

Complete this form if your income for 2021 or 2022 will be significantly less than the 2020 income used when you applied for student financial aid for the 2022-2023 school year. Information from this form, your 2022-2023 application, and supporting documentation will be used to determine if your eligibility for financial aid can be recalculated due to special conditions.

Complete the following information for all employers for 2021 or 2022:

| Employer name | Still employed by this employer?<br>Yes or No | Last date of work at this employer | Who worked for this employer?<br>Student/Spouse |
|---------------|---|------------------------------------|---|
|               |   |                                    |   |
|               |   |                                    |   |
|               |   |                                    |   |

|  | Student | Spouse |
|--|---------|--------|
| Gross earnings for 2021 or 1/1/22 through today    | \$      | \$     |
| Estimated earnings from today's date to 12/31/22   | \$      | \$     |
| Unemployment                                       | \$      | \$     |
| Social Security Benefits                           | \$      | \$     |
| Aid to Families with Dependent Children(AFDC/TANF) | \$      | \$     |
| Child support received                             | \$      | \$     |
| Other income                                       | \$      | \$     |

**List below the names and ages of all Household Members that meet the definition here:**

- Yourself
- Your spouse, if you are married
- Your children, if any, if you will provide more than half of their support from July 1, 2022, through June 30, 2023, or if the child would be required to provide your information if they were completing a FAFSA for 2022-2023. Include children who meet either of these descriptions, even if they do not live with you.
- Other people, if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2023.

| Full Name <i>of each</i> Household Member | Age       | Relationship | College Name (if enrolled) | Will be Enrolled at Least 1/2 Time |
|---|-----------|--------------|----------------------------|------------------------------------|
| <i>Marty Jones(example)</i>               | <i>28</i> | <i>Wife</i>  | <i>Central University</i>  | <i>Yes</i>                         |
|   |           | <i>Self</i>  |                            |                                    |
|   |           |              |                            |                                    |
|   |           |              |                            |                                    |
|   |           |              |                            |                                    |
|   |           |              |                            |                                    |
|   |           |              |                            |                                    |

The following items must be attached or your request cannot be evaluated:

1. Federal 2020 US tax transcript for student and spouse if the IRS Data Retrieval Tool was not used ([www.irs.gov/transcript](http://www.irs.gov/transcript))
2. All 2020 Form(s) W-2
3. A statement from all former employers that verifies the last date of employment
4. Most recent paystubs from all 2021 or 2022 employers showing year-to-date earnings or Federal 2021 US tax transcript for student and spouse.
5. Verification of the amount, start date and end date of all unemployment benefits
6. Detailed explanation for the request

All of the information on this form is true and complete to the best of my knowledge.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_