

## Independent Student Income Reduction Appeal 2025-2026

Student Name		ID		
Complete this form if your income for 2024 or 2025 will be significantly less than the 2023 income used when you applied for student financial aid for the 2025-2026 school year. Information from this form, your 2025-2026 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	ng information for all employers for 2024 o	or 2025:		
Employer Name		Last date of Work	Who was employed? (Student/Student spouse)	
•	or 2024 or 1/1/25 through today:			
Student: \$				
Student Spouse: \$				
Estimated earnin	gs from today's date to 12/31/25:			
Student t: \$				
Student Spouse: \$				
Unemployment:				
Student: \$				
Student Spouse: \$				
Social Security Be	enefits:			
Student: \$				
Student Spouse: \$				
Aid to Families wi	ith Dependent Children (AFDC/TA	NF):		
Student: \$				
Student Spouse: \$				
Child support red	ceived:			
Student: \$				
Student Spouse: \$				

We have live assistance available 24/7 at our online Student Services Support Center: visit https://mysupport.germanna.edu to chat, create a case and submit documents or call 855-874-6681.



Other	income:		
Studen	t: \$		
	t Spouse: \$		
List bel	ow the names and ages of all Household Members that meet the definition here:		
•	Your spouse, if you are married Your children, if any, if you will provide more than half of their support from July 1, 2025, through June 30, 2026, or if the child would be required to provide your information if they were completing a FAFSA for 2025–2026. 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, 2026.		
	**NOTE: DO NOT INCLUDE PARENT COLLEGE INFORMATION BELOW. IF IT IS LISTED IT WILL BE DISREGARDED**		
Full Na	me of each Household Member Age Relationship College Name Will be Enrolled at Least ½ Time  (Example: Missy Jones, 18, Sister, Central University, Yes)		
The foll	owing items must be attached, or your request cannot be evaluated:  Federal US tax transcript for 2023 for both parents if consent was not given to use the IRS Direct Data		
1.	Exchange when completing the FAFSA (www.irs.gov/transcript)		
2.	All 2023 W-2 Form(s)		
3. 4.	A statement from all former employers that verifies the last date of employment  Most recent pay stubs from all 2024 or 2025 employers showing year-to-date earnings or 2024 Federal US  tax transcript and all 2024 W2s		
5.	Verification of the amount, start date and end date of all unemployment benefits		
6.	Detailed explanation for the request		
All of th	e information on this form is true and complete to the best of my knowledge.		
Studen	t Signature Date		