



**Student Financial Services  
Request for Income Adjustment**

**PJIA**

Academic Year \_\_\_\_\_

*Please fill out both pages of this form.*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Preferred Contact Number \_\_\_\_\_

Local Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Broward College e-mail \_\_\_\_\_

According to federal laws and regulations, a family's previous income is used to assess financial need for the current school year. If a family's current income has been reduced due to special circumstances, a financial aid administrator may be able to use the current income to assess financial need. Please provide information regarding your reduction in income by completing this form.

**Important: Please note that all documentation must be completed at the time of submission.**

**Section A: Reason for Income Adjustment:**

**1. Involuntary loss of employment (termination, lay off, etc)**

Student  Spouse  Mother  Father (check the box that applies)

**2. Reduction or loss of untaxed income or benefits (unemployment compensation, social security, AFDC, etc.)**

Student  Spouse  Mother  Father (check the box that applies)

Specify source of reduction or loss of income \_\_\_\_\_

**3. Death**

Spouse  Mother  Father (check the box that applies)

**4. Extraordinary medical expense not paid by insurance**

Student  Spouse  Mother  Father  not covered by insurance (check the box that applies)

**Section B: Required Documentation:**

- Statement from student explaining circumstances in detail
- Income Verification Worksheet (IVFD, IVFI)
- Student's/spouse's and/or parent's \_\_\_\_\_ (yr.) tax return with W-2's
- Unemployment compensation letter
- Most recent pay stub from current employer(s)
- Final pay stub from previous employment
- Letter of termination and/or lay-off
- Workers compensation statement
- Disability notice
- Statement from agency (unemployment, social security, AFDC) reducing/canceling the total amount of benefits received
- Copy of divorce decree
- Copy of death certificate
- Copy of medical bills and payment receipts

Based on the information you provided, please report all income you have actually received from January 1 through today. Then estimate all income you expect to receive through December 31.

	Student	Parent /Spouse
Gross income from January to present	_____	_____
Expected income from present to December 31	_____	_____
Other income expected, such as unemployment, disability, severance, etc. from January to present	_____	_____
Other income expected, such as unemployment, disability, severance, etc. from present to December 31	_____	_____

**Section C: Signature Certification**

The information on this form and on the provided documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give further proof of the information that I have written on this form.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

CORRECTIONS BEING MADE TO ISIR:

Item #	Information from ISIR	Adjusted information

**Action taken by committee:**

- Approved. Based on your request, changes have been made to your application.
- Denied. Your request has been denied.

Student Financial Services comments: \_\_\_\_\_  
 \_\_\_\_\_

FAA Signature \_\_\_\_\_ Date \_\_\_\_\_