



# 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 \_\_\_\_\_

BCC 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 FAFSA:

Item #	Information from FAFS/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 \_\_\_\_\_