

## 2017-2018 Income Reduction Request

**Student Name:** \_\_\_\_\_ **UWG ID#** \_\_\_\_\_

The purpose of this appeal is to report reductions in family income not reflected on the FAFSA. You must be admitted to the University of West Georgia and a FAFSA must be on file prior to submission of this request.

*Please be aware that if you filed your 2017-18 FAFSA and received an EFC = Zero (0), you've already received the maximum in federal aid. Submitting this appeal will not result in a change to your financial aid offer.*

### A. Special Circumstance

My 2016 household income will be at least 20% lower than my 2015 household income due to:

|                          | Special Circumstance  | For a Dependent Student  | For an Independent Student  | Required Documentation  |
|--------------------------|---|--|---|---|
| <input type="checkbox"/> | Unemployment for at least three months or an involuntary reduction in hours | Your parents' earned income in 2016 is less than 2015 income               | Yours and/or your spouse's earned income in 2016 is less than 2015 income               | Please attach: <ul style="list-style-type: none"> <li>• A copy of the separation notice or a letter from employer outlining either the date of separation or reduction in hours</li> <li>• A letter of eligibility from The Department of Labor (if eligible for benefits)</li> <li>• A copy of the affected parent's or spouse's last pay stub (if income has been earned in 2016)</li> <li>• 2016 W-2s</li> </ul> |
| <input type="checkbox"/> | Divorce or separation not reported on the FAFSA                             | Your parents are now divorced  | You and your spouse are now divorced  | Please attach: <ul style="list-style-type: none"> <li>• A copy of the divorce decree or documentation of legal separation</li> <li>• 2016 W-2s</li> </ul>   |
| <input type="checkbox"/> | Death of a Parent or Spouse   | A parent has died  | Your spouse has died  | Please attach: <ul style="list-style-type: none"> <li>• A copy of the death certificate</li> <li>• Proof of survivor's benefits (such as life insurance settlements, VA benefits, retirement payouts)</li> </ul>  |
| <input type="checkbox"/> | Disability of a Parent or Spouse  | A parent is now disabled   | Your spouse is now disabled   | Please attach: <ul style="list-style-type: none"> <li>• A letter from the doctor regarding the date of disability and a projected date to return to work</li> <li>• Documentation of disability benefits</li> <li>• A copy of the affected parent's or spouse's last pay stub (if income has been earned in 2016)</li> </ul>  |
| <input type="checkbox"/> | One-Time Income (taxed or untaxed)  | Your parents' 2015 income does not accurately reflect true household means | Yours and/or your spouse's 2015 income does not accurately reflect true household means | Please attach: <ul style="list-style-type: none"> <li>• A copy of 2015 Form 1099 and/or schedules as reported on 1040 tax return</li> <li>• Identify the source(s) of one-time income: _____<br/>                     _____<br/>                     _____</li> </ul>   |

