

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"> • A copy of the separation notice or a letter from employer outlining either the date of separation or reduction in hours • A letter of eligibility from The Department of Labor (if eligible for benefits) • A copy of the affected parent's or spouse's last pay stub (if income has been earned in 2016) • 2016 IRS Tax Return Transcript |
| <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"> • A copy of the divorce decree or documentation of legal separation • 2016 IRS Tax Return Transcript • 2016 Wage & Earnings Transcript for each parent/student and spouse |
| <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"> • A copy of the death certificate • Proof of survivor's benefits (such as life insurance settlements, VA benefits, retirement payouts) |
| <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"> • A letter from the doctor regarding the date of disability and a projected date to return to work • Documentation of disability benefits • A copy of the affected parent's or spouse's last pay stub (if income has been earned in 2016) |
| <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"> • A copy of 2015 Form 1099 and/or schedules as reported on 1040 tax return • Identify the source(s) of one-time income: _____ _____ _____ |

UWG ID# _____

B. Verification

In addition to the items requested above for your specific special circumstance, please provide each of the following:

1. ____ 2017-18 Verification Form
2. ____ 2017-18 Household Expense Form
3. ____ Student's 2016 Wage & Earnings Transcript
4. ____ Student's 2016 Tax Return Transcript (<https://www.irs.gov/Individuals/Get-Transcript>)
5. ____ Parent's 2016 Wage & Earnings Transcript
6. ____ Parent's 2016 Tax Return Transcript, if dependent, OR Spouse's 2016 Tax Return Transcript, if independent (<https://www.irs.gov/Individuals/Get-Transcript>)
7. ____ Detailed Financial Aid Statement explaining your situation

C. Income and Benefits for 2017 Calendar Year

If submitting this appeal prior to January 1, 2018 please list **total annual projected income** from 1/1/2017 through 12/31/2017 in the table below. If submitting this appeal on or after January 1, 2018, please list **total actual income** from 1/1/2017 through 12/31/2017 **and** attach all applicable 2017 W-2s.

| Source of Income | Mother | Father | Student | Student's Spouse |
|---------------------------------|--------|--------|---------|------------------|
| Wages, tips, salary | | | | |
| Interest and/or Dividend Income | | | | |
| Unemployment Compensation | | | | |
| Pensions and/or Annuities | | | | |
| Severance Pay | | | | |
| Retirement Benefits | | | | |
| Social Security Benefits | | | | |
| Child Support | | | | |
| Alimony | | | | |
| Other (Explain) | | | | |
| Total 2016 Income | \$ | \$ | \$ | \$ |

D. Statement of Certification

I certify the information provided on this form and included within all supporting documentation is correct to the best of my knowledge. I also understand the submission of my appeal does not automatically qualify me for an increase in funds.

ELECTRONICALLY GENERATED SIGNATURES CAN NOT BE ACCEPTED

 Student Signature (required) Date

 Student's Spouse Signature (if applicable) Date

 Parent Signature (if dependent) Date

Please allow 24-48 hours for documents to be posted on Banweb and/or to confirm receipt.

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.