

2015-16 CHANGE OF INCOME REQUEST FORM (Independent)

Student's Name: _____

Date: _____

Mt. SAC ID #: _____

Federal Regulations authorize financial aid administrators to adjust the data elements used to calculate the Expected Family Contribution (EFC) on a case-by-case basis. Once a FAFSA has been processed by the Department of Education, and verification requirements completed, requests for Change in Income will be reviewed. **For adjustments to income processed after January 1, 2016 students will be asked to provide additional documentation such as 2015 tax forms and/or W-2 statements.**

Do not mail this form or submit to the Financial Aid Office until you have seen the Financial Aid Specialist on duty. A Specialist is available Monday – Thursday, 8:00 am – 6:30 pm, and Friday, 8:00 am – 4:00 pm.

1. Please check the reason you are requesting an income adjustment and attach documentation. Note that the Mt. SAC Financial Aid Office reserves the right to request additional information. Incomplete submissions will not be considered. Make sure your name and Mt. SAC ID number are clearly marked on all attachments.
- ☐ **Loss of student/spouse income from work due to layoff, closing of business, termination, or reduction in employment hours to attend school.** *Documentation needed:*
 - Completed Change in Income Worksheet (see back side of this form)
 - Signed copy of 2014 federal tax return including all schedules and W2 statements (if you submitted a signed copy of your 2014 federal tax return previously, you do not need to resubmit them)
 - Letter from previous employer documenting effective dates and severance, vacation, personal and sick leave pay out,
 - Copy of last pay stub from previous job,
 - Letter from unemployment office documenting effective dates and benefits received, and
 - Copy of most recent pay stub from current job.
 - ☐ **Loss of unemployment compensation.** *Documentation needed:* Completed Change in Income Worksheet (see back side of this form) and letter from unemployment office stating start/end dates and benefit amount.
 - ☐ **Loss of Social Security benefits.** *Documentation needed:* Completed Change in Income Worksheet (see back side of this form) and letter from the Social Security Administration stating start/end dates and benefit amount.
 - ☐ **Loss of child support.** *Documentation needed:* Completed Change in Income Worksheet (see back side of this form) and letter or court document stating start/end dates and amount.
 - ☐ **Loss of Worker's Compensation benefits.** *Documentation needed:* Completed Change in Income Worksheet (see back side of this form) and letter from Bureau of Worker's Compensation stating start/end dates and benefit amount.
 - ☐ **Death, divorce or separation has occurred since the Free Application for Federal Student Aid (FAFSA) was filed.** *Documentation needed:* Completed Change in Income Worksheet (see back side of this form) and copy of death certificate or signed statement of divorce/separation.
 - ☐ **A one-time, nonrecurring income was received during 2014 the disposition of which can be documented.** *Documentation needed:* Information identifying the source of income, how funds were spent, and the amount of remaining funds, if any.
 - ☐ **Other:** _____

Do you or your spouse have money in a savings or other account from which you will pay your monthly expenses? ☐ Yes ☐ No

If Yes, what is the source, type of account, and the total current amount (balance)? _____

CHANGE IN INCOME WORKSHEET

Please provide the projected monthly income for 2015 for you and your spouse below. List the expected amount and source of income for each month. Be sure to include income from all sources, i.e.: unemployment, wages, salaries, Social Security benefits, TANF, child support, disability, personal loan, family help, and any other financial help.

Month	2015 Projections Student Amount	2015 Projections Student Source	2015 Projections Spouse Amount	2015 Projections Spouse Source
January 2015				
February 2015				
March 2015				
April 2015				
May 2015				
June 2015				
July 2015				
August 2015				
September 2015				
October 2015				
November 2015				
December 2015				

2. **Certification statement:** I am requesting to have my circumstances reviewed. By signing this form, I certify that the information provided on this form is truthful and accurate. If I am asked, I agree to give proof that my information is correct. If I provide false or misleading information, I understand that I may be fined \$10,000, sent to prison, or both. I understand that the Financial Aid Office reserves the right to request additional information. I will notify the Mt. SAC Financial Aid Office if circumstances change.

Student's Signature

Date

Spouse's Signature

Date

For Financial Aid Office Use Only

Professional Judgment to use projected year income? ☐ Yes ☐ No

If Yes, projected year income calculated as follows: _____

_____ Total: \$ _____

Comments: _____

FA Specialist: _____ Date: _____

Trans #: _____ New EFC: _____ Old EFC: _____