

RETURN TO: Mt. San Antonio College Financial Aid Office 1100 N. Grand Ave Walnut, CA 91789

Student's Name:		
Mt SACID#	Date:	

2017-2018 STUDENT'S CHANGE IN INCOME FORM

You may qualify for additional funding if you or your spouse (if married) had a reduction in income. Not all income reductions will result in an increase in the amount of your award. To have your eligibility re-evaluated, please complete both sections A and B. All supporting documentation requested must be attached to this form to continue processing.

Important note: For income adjustments on and after January 1, 2018, you will be required to submit copies of your 2017 Federal Tax Return Transcripts and W-2's. Form must be completed in blue or black ink.

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 – 4:00PM.

SECTION A: THERE HAS BEEN A REDUCTION	ON IN INCOME DUE TO TH	E FOLLOWING REASON(S)
Loss of job for student or spouse	>	ATTACH all of the following: Letter from employer showing the last date worked Most recent pay stub showing year-to-date earnings Unemployment benefit letter (EDD) 2015 Federal Tax Return Transcript 2015 W-2's 2016 Federal Tax Return Transcript 2016 W-2's
Date o	f Action:	ATTACH all of the following: ■ Supporting documentation (e.g. divorce papers, utility bill showing separate address [no cell phone bill], legal separation papers, etc.) ■ 2015 Federal Tax Return Transcript ■ 2015 W-2's ■ 2016 Federal Tax Return Transcript ■ 2016 W-2's
Loss of Spouse Date o	f Loss:	ATTACH all of the following: Supporting documentation (e.g. death certificate) 2015 Federal Tax Return Transcript 2015 W-2's 2016 Federal Tax Return Transcript 2016 W-2's
Loss of Benefits Which Benefit (e.g. Social Security, TANF, etc.):	 ATTACH all of the following: Letter from agency with date of termination and total paid in 2015 2015 Federal Tax Return Transcript 2015 W-2's 2016 Federal Tax Return Transcript 2016 W-2's
Reduction of work hours)·	ATTACH all of the following: Most recent pay stub showing year-to-date earning 2015 Federal Tax Return Transcript 2015 W-2's 2016 Federal Tax Return Transcript 2016 W-2's
Date reduction occurred:	Hourly pay rate: \$	Hours worked per week:

Student's Name:		_	Mt. SAC ID#		
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Please explain:					
SECTION B: PROJEC	CTED INCOME AND RESOURCES				
	DO NOT LEAVE BLAN	IKS. Put Zero (0) if the a	nswer is zero.		
\$	Student's earnings from January 1, 2017 to December 31, 2017.				
\$	_ Spouse's earnings from January 1, 2017 to December 31, 2017.				
\$	Unemployment benefits: <u>ATTACH</u> a copy of eligibility letter even if no benefits were granted .				
\$	Other taxable income (e.g. spousal support, survivor benefits, pension, etc.). Specify type below and <u>ATTACH</u> appropriate documentation. List type of other taxable income:				
\$\$	Benefits: (e.g. Social Security, TANF, Worker's Comp, Disability) ATTACH copy(s) of eligibility payments. Other untaxed income: (e.g. child support, rental income, etc.). Specify below and ATTACH appropriate documentation. List the type of untaxed income:				
SECTION C: REVIEV	V AND SIGN				
By signing this workshe		•	olete and correct. If you purposely give false or		
Student's Signature			Date		
Spouse's Signature (Optional)		Date		
	ts are posted on RHACOMM in Banne				
FA Specialist Certifica	tion	Date			