



2018-2019 PARENT(S) CHANGE IN INCOME FORM

Complete form in blue or black ink

You may qualify for additional funding if your parent(s) 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, have your parents complete steps 2 and 3. All supporting documentation requested must be attached to this form to continue processing. For income adjustments on and after January 1, 2019, you will be required to submit copies of your 2018 Federal Tax Return Transcripts and W-2's.

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.

STEP 1: STUDENT'S INFORMATION

Student's Last Name	Student's First Name	Student's M.I.	Student's Mt. SAC ID Number	Date
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STEP 2: THERE HAS BEEN A REDUCTION IN INCOME DUE TO THE FOLLOWING REASON(S)

Reason for Income Reduction	Documents to Attach
<input type="checkbox"/> Loss of job for parent(s)	<p>➤ ATTACH all of the following, if loss of job for parent is selected:</p> <ul style="list-style-type: none"> ▪ Letter from employer showing the last date worked ▪ Most recent pay stub showing year-to-date earnings ▪ Unemployment benefit letter (EDD) ▪ 2016 and 2017 Federal Tax Return Transcript ▪ 2016 and 2017 W-2's
<input type="checkbox"/> Divorce <input type="checkbox"/> Separation Date of Action: _____	<p>➤ ATTACH all of the following, if divorce or separation is selected:</p> <ul style="list-style-type: none"> ▪ Supporting documentation (e.g. divorce papers, utility bill showing separate address [no cell phone bill], legal separation papers, etc.) ▪ 2016 and 2017 Federal Tax Return Transcript ▪ 2016 and 2017 W-2's
<input type="checkbox"/> Loss of Parent Date of Loss: _____	<p>➤ ATTACH all of the following, if loss of parent is selected:</p> <ul style="list-style-type: none"> ▪ Supporting documentation (e.g. death certificate) ▪ 2016 and 2017 Federal Tax Return Transcript ▪ 2016 and 2017 W-2's
<input type="checkbox"/> Loss of Benefits Which Benefit (e.g. Social Security, TANF, etc.): _____ _____	<p>➤ ATTACH all of the following, if loss of benefits is selected:</p> <ul style="list-style-type: none"> ▪ Letter from agency with date of termination and total paid in 2016 ▪ 2016 and 2017 Federal Tax Return Transcript ▪ 2016 and 2017 W-2's
<input type="checkbox"/> Reduction of work hours Date reduction occurred: _____ Hourly pay rate: \$ _____ Hours worked per week: _____	<p>➤ ATTACH all of the following, if reduction of work hours is selected:</p> <ul style="list-style-type: none"> ▪ Most recent pay stub showing year-to-date earning ▪ 2016 and 2017 Federal Tax Return Transcript ▪ 2016 and 2017 W-2's

