

1st Day to Submit: 7/05/2017  
 Fall only 2017 11/17/2017  
 Spring only 2018: 4/27/2018  
 Summer 2018: 7/06/2018

**SAN DIEGO MESA COLLEGE FINANCIAL AID OFFICE**  
**INCOME REDUCTION REQUEST**  
**2017-2018**

**Student Name:** \_\_\_\_\_ **CSID #:** \_\_\_\_\_

**Please complete** this form if, **due to circumstances beyond your control**, you and/or your spouse or parent(s) [for dependent students] have had some dramatic financial change that has reduced your income in 2016 or will reduce your income for 2017.

- If you are considered an **INDEPENDENT** student you will only provide information about yourself and/or your spouse.
- If you are considered a **DEPENDENT** student you will provide information about yourself, and/or your parents.

**SECTION 1.** Check the reason, giving the date of the change in situation.

Month and Year  
(no later than 2017)

*NOTE: Be ready to provide supporting documentation*

- |                                                     |                               |                                 |                                 |       |
|-----------------------------------------------------|-------------------------------|---------------------------------|---------------------------------|-------|
| 1. _____ Unemployment or change in employment       | <input type="checkbox"/> self | <input type="checkbox"/> spouse | <input type="checkbox"/> parent | _____ |
| 2. _____ Loss of income (i.e.TANF, social security) | <input type="checkbox"/> self | <input type="checkbox"/> spouse | <input type="checkbox"/> parent | _____ |
| 3. _____ Divorce/separation .....                   | <input type="checkbox"/> self |                                 | <input type="checkbox"/> parent | _____ |
| 4. _____ Death of .....                             |                               | <input type="checkbox"/> spouse | <input type="checkbox"/> parent | _____ |
| 5. _____ Disability of .....                        | <input type="checkbox"/> self | <input type="checkbox"/> spouse | <input type="checkbox"/> parent | _____ |
| 6. _____ Other (explain) _____                      |                               |                                 |                                 | _____ |

**SECTION 2: REQUIRED**

*Please provide a detailed written statement on a separate sheet of paper*, to explain the circumstances that contributed to the situation. If you had one-time income (i.e., inheritance, IRA or pension distribution) during 2015 that you will no longer have in 2016 and/or 2017, identify the source of income and explain how funds were spent or invested (documentation required).

**INCOME REDUCTION REQUEST CHECKLIST** (Please check all that apply)

- WRITTEN STATEMENT** (required for ALL Income Reduction Requests, will not be accepted without. Please explain in detail with date(s) and year(s) of the circumstance(s) that lead to the income reduction)
- Income Reduction Request Form (required)
- Verification Worksheet (Dependent or Independent) (required)
- 2015 IRS Tax Return Transcripts including all schedules and W2's (Required for Both parent and/or student if applicable) (required if required to file)
- 2016 IRS Tax Return Transcripts including all schedules and W2's (Required for Both parent and/or student if applicable [after 12/01/2017, you must provide a 2017 IRS Tax Transcript(s) also] (required if required to file)
- A copy of your Unemployment Benefits (i.e. eligibility award letter) from the Employment Development Department (EDD).
- Agency Certification form to be completed by any office from which the student/spouse and/or parents received or is currently receiving cash benefits in 2015 (example: SSI benefits, Welfare benefits etc.).
- Letter(s) from former employer(s) indicating last working day, reason for separation and final pay stubs. For Military Discharge within 2015, 2016 or 2017, DD214 showing discharge status.
- Finalized Divorce decree or Legal Separation decree (court document) – *or* – Proof of Separate Dwelling for both parties if there is no “legal separation court document” (ie: Separate Rental Agreements)
- For all jobs that you are still currently employed; an employment letter indicating the gross year-to-date earnings, current rate of pay, and average number of hours worked per week.
- Current Proof of “Year to Date” untaxed income.
- Any other sources of income for 2016/2017 including, but not limited to:
  - LES Showing subsistence benefits/ Chapter 31 Benefits
  - VA Work-Study paystubs
  - Other untaxed income (including Worker’s Compensation, Cash received from family and friends and inheritance.

**NOTE: You will need to provide ALL required documentation before an assessment of your petition can be made. Incomplete forms will not be accepted & unsubstantiated forms will be dismissed.**

**SECTION 3A REQUIRED. Disclose and provide documentation for 2016 Taxable and Un-taxable Income Already Earned/Filed.**

(Write \$0 if an item does not apply).

<b>Taxable Income Sources</b>	<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
Wages, Salaries & tips				
State Unemployment Benefits (EDD)				
Pensions or Annuities Distribution				
Alimony Received				
Cashed IRAs, 401ks or Stock Bonds Owned				
Other Taxable Income (specify)				
<b>Total 2016 Taxable Income Received</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Un-Taxable Income Sources</b>	<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
Social Security Benefits				
Temporary Assistance for Needy Family				
Child Support Received				
Disability Payments				
Other Untaxed Income and /or Benefits				
<b>Total 2016 Untaxed Income and Benefits Received</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL 2016 Income Received to Date</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**3B. COMPLETE THIS SECTION to report all income for 2017.** The Department of Education allows the Financial Aid Office to determine which year's income best helps the student, if extenuating circumstance(s) occurred and are well documented. **Please disclose and provide documentation for all 2017 Taxable and Un-taxable Income earned/received to date, as well as all Expected/ Projected Taxable and Un-taxable Income for the Remainder of 2017.** (Leave section BLANK if only reporting 2016 Income) **[After 12/01/2017, this section must be completed with all Income Reduction forms and must be submitted with a copy of your 2017 IRS Tax Return Transcript IF required to file.]**

(Write \$0 if an item does not apply).

<b>Taxable Income Sources</b>	<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
Wages, Salaries & Tips				
State Unemployment Benefits (EDD)				
Pensions or Annuities Distribution				
Alimony Received				
Cashed IRAs, 401ks or Stock Bonds Owned				
Other Taxable Income (specify)				
<b>Total Received &amp; Expected 2017 Taxable Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Un-Taxable Income Sources</b>	<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
Social Security Benefits				
Temporary Assistance for Needy Family				
Child Support Received				
Disability Payments				
Other Untaxed Income and /or Benefits				
Cash, Savings or Money Received				
<b>Total Received &amp; Expected 2017 Untaxed Income and Benefits</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL Received &amp; Expected 2017 Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
(Sum of A totals & B totals)				

I certify that the information provided on this form is true and correct. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of my financial aid and repayment of funds received.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required)

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required for dependent students if parent's income is reported on this form)

This request is valid only at San Diego Mesa College. The decision of the Financial Aid Office is *Final*. It is possible that the Department of Education may select your FAFSA for further verification resulting in additional documentation needed after this form is processed.