

**Income Reduction Request Deadlines (due by Noon) on the dates below or by your last day of attendance for the semester, whichever comes first**

Fall 2022 12/02/2022  
 Spring 2023 05/12/2023  
 Summer 2023 07/21/2023



SAN DIEGO  
 MESA COLLEGE

**2022-2023 Income Reduction Request (MEFCRE-#26)**

**Student Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**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 reduced your income in 2021 or will reduce your income for 2022. **NOTE:** if have been selected for verification by the U.S. Department of Education, this request will be on hold status until you submit all required verification documentation and the verification process completed by our office.

- 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 2022)*

*NOTE: Be ready to provide supporting documentation according to the reason.*

- |   |                               |                                 |                                 |       |
|---|-------------------------------|---------------------------------|---------------------------------|-------|
| 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 every academic year for which the Income Reduction form is submitted.**

**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 2020 that you will no longer have in 2021 and/or 2022, 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)**
- 2022-2023 Verification Worksheet **(Dependent or Independent) (required, if not previously submitted) AND 2020 IRS Tax Return Transcripts.**
- 2021 IRS Tax Return Transcripts including all schedules and W2's **(Required for Both parent and/or student if applicable [if you will be submitting this request on or after 12/01/2022, you must provide a copy of the 2022 IRS Tax Return form as submitted to the IRS if, you and/or your parents are required to file])**
- A copy of the Unemployment Benefits (i.e. eligibility award letter) from the Employment Development Department (EDD), if applicable. If you did not apply for benefits explain why not.
- Social Services or any other agency benefits certification letter for cash benefits received in 2020 or during this during the academic year (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 2020, 2021, or 2022, the DD214 showing discharge status. If employer no longer has a business, provide the company/business name and date it closed.

**Student Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_

- 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), if applicable.
- 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 2021 and/or 2022 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 on your petition can be made. **Incomplete forms will not be processed & unsubstantiated forms will be dismissed.**

**SECTION 3A REQUIRED.**

**Disclose and provide documentation for 2021 Taxable and Un-taxable Income Already Earned/Filed.**

(Write 0 if the item does not apply)

2021 Taxable Income Sources	Student	Spouse	Parent 1	Parent 2
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 2021 Taxable Income Received</b>	\$	\$	\$	\$
2021 Un-Taxable Income Sources	Student	Spouse	Parent 1	Parent 2
Social Security Benefits				
Temporary Assistance for Needy Family				
Child Support Received				
Disability Payments				
Other Untaxed Income and /or Benefits				
<b>Total 2021 Untaxed Income and Benefits Received</b>	\$	\$	\$	\$
<b>TOTAL 2021 Income Received to Date</b>	\$	\$	\$	\$

***Continues on next page***

**3B. COMPLETE THIS SECTION to report all income for 2022**

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 2022 Taxable and Un-taxable Income earned/received to date, as well as all Expected/ Projected Taxable and Un-taxable Income for the Remainder of 2022.** (Leave section BLANK if only reporting 2021 Income) **[If you submit this request on or after 12/01/2022, this section must be completed with a copy of your 2022 IRS Tax Return, if required to file.]**

(Write 0 if the item does not apply)

<b>2022 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 2022 Taxable Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>2022 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 2022 Untaxed Income and Benefits</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL Received &amp; Expected 2022 Income</b> (Sum of A totals & B totals)	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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)

**Must complete, sign and submit all 3 pages**

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.