



Enter Student's  
CWID Here:

### Parent Income Appeal 2022-2023

Appeal Deadlines: **November 1** if attending Fall only | **April 11** if attending Academic Year

Student's Name: \_\_\_\_\_

#### Required Documents for All Appeals

- Typed statement detailing the specifics of your circumstance
- Signed copy of parent(s) tax return form (1040, 1040A, 1040EZ) for 20\_\_\_\_  
**OR** copy of parent(s) Federal Tax Transcript for 20\_\_\_\_
- Copy of W-2 and/or 1099 forms for parent(s) from all employers in 20\_\_\_\_

#### Reason for Appeal

**Decreased income due to fewer hours, new employment, furlough, etc.** (attach the following items)

- Date occurred: \_\_\_\_\_
- Most recent paystubs for parent(s) from all employers in 20\_\_\_\_
- A signed letter from employer showing decreased hours and effective date

**Separation from work due to layoff or termination** (attach the following items)

- Date occurred: \_\_\_\_\_
- Most recent paystubs for parent(s) from all employers in 20\_\_\_\_
- Severance compensation letter
- EDD Notice of Unemployment Insurance Award Letter

**Legal separation or divorce** (attach the following items)

- Date occurred: \_\_\_\_\_
- Legal separation documentation, attorney's letter, or utility bills that show parents live in separate residences  
**OR** a copy of the Divorce Decree that states the date of change in marital status
- Alimony and/or child support orders
- Most recent paystubs from parent(s)

**Termination of untaxed income** (attach the following items)

- Date occurred: \_\_\_\_\_
- Letter from agency discontinuing payment with effective date (child support, disability, EDD, etc.)
- Documentation from agency which shows amount of income received prior to termination

**Death of parent after filing financial aid application** (attach the following items)

- Date occurred: \_\_\_\_\_
- A copy of death certificate or obituary
- A copy of year-to-date pay stubs to reflect gross earnings received in 20\_\_\_\_
- A statement regarding value of accounts payable upon death of parent (life insurance policy payment, etc.)

**Other** (specify):

- Required items:

**IMPORTANT:** Per federal regulations, applications selected for verification must be verified prior to processing this income appeal.

COUNSELOR NAME: \_\_\_\_\_



Return to: Office of Financial Aid  
P.O. Box 6804 GH-146 Fullerton,  
CA 92834-6804

Enter Student's  
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**INSTRUCTIONS:** Provide the best estimate of income received by your parent(s) from all sources listed below. Report "0" if nothing was received. Do not leave any blanks. List amounts received for the specified period of:

\_\_\_\_\_ to \_\_\_\_\_.

Untaxed Income for Specified Time Period Noted Above			
Child support received for all children	\$	SNAP / WIC / TANF	\$
Untaxed pension distribution	\$	Money received or paid on your behalf	\$
Payments to IRA, 401K, or other plans	\$	Worker's compensation	\$
Disability benefits	\$	Housing, food, and other living allowances	\$
Veteran's non-educational benefits	\$	Other untaxed income (specify: _____)	\$

**INSTRUCTIONS:** Provide the best estimate of asset information for your parent(s). Report "0" if nothing was received. Do not leave any blanks. *NOTE: If your parents have jointly owned assets and are now separated or divorced, provide only the portion of assets and debts of the custodial parent.*

Do NOT include:

- A home, if it is the principal residence
- Student financial aid awards
- Personal or consumer debts
- A farm, if it is the principal residence and you participate in the farm's operations
- The value of retirement plans (pensions, IRA's, Keogh plans, etc.)
- Any debts that are not related to the assets listed below

Parent Asset Information as of Today		
Cash, savings, and checking accounts	\$	
	<b>Value</b>	<b>Debt</b>
Other real estate and investments	\$	\$
Business	\$	\$
Farm	\$	\$
<input type="checkbox"/> Check here if your family business or family farm has <b>fewer</b> than 100 full-time or full-time equivalent employees.		

**FOR OFFICE USE ONLY:**

**CERTIFICATION:** By signing this form, I (we) certify that all of the information reported on this form and any attachments hereto is true, complete, and accurate. I (we) agree to provide additional proof of the information we have reported if requested to do so.

Student's signature: \_\_\_\_\_ CWID: \_\_\_\_\_

Father/Stepfather's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Stepmother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning:** If you give false or misleading information on documents submitted to the Office of Financial Aid, you may be fined, sentenced to jail, or both.