



Enter Student's
CWID Here:

Student 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 student's and/or spouse's tax return form (1040, 1040A, 1040EZ) for 20____
OR copy of student's and/or spouse's Federal Tax Transcript for 20____
- Copy of W-2 and/or 1099 forms for student and/or spouse 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 student and/or spouse 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 student and/or spouse 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 you and your spouse 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 student

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 spouse 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 spouse (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
CWID Here:**

INSTRUCTIONS: Provide the best estimate of income received by you and/or your spouse 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 you and/or your spouse. Report "0" if nothing was received. Do not leave any blanks. *NOTE: If you and your spouse have jointly owned assets and are now separated or divorced, provide only your portion of assets and debts.*

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

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

Print student's name: _____ CWID: _____

Student'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.