



## 2020-2021 Income Reduction Form

Student's Full Name \_\_\_\_\_

ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_

**SECTION A:**

Please check the following circumstance(s) which best describe the change in income.

*Check appropriate responses:*

**Reason(s)**

**Required Documentation(s)**

- Unemployment
- Change of Employment
- Divorce/Separation
- Death of spouse or parent
- Other

- Letter from TECT/Termination Letter
- Letter and most recent pay stub
- Divorce decree and/or supporting information
- Death Certificate
- Varies as requested by Student Financial Aid Director

**REQUIRED:** Provide written information detailing the circumstances, which caused the income reduction.

- If loss of job, provide information showing year-to-date earnings, and subsequent estimate earnings or other income.
- In case of divorce or separation, provide income information about the applicant or income information of the custodial parent.
- If loss of income was due to the death of the spouse or parent, provide information about the surviving spouse or parent.

**REQUIRED:** Signed copy of 2018 tax return & W-2's and signed letter on company letterhead from all 2019 employers stating beginning and ending dates of employment and hours worked. \*\*Military consideration—Need to submit DD214 and last pay stub.

**SECTION B:**

Before an adjustment can be made to your status, you must provide complete information regarding your estimates of the change in financial situation for you (Spouse, if applicable) or your parents for 2019. Please provide the best possible estimates for the period of January 1, 2019 to December 31, 2020. Additional documentation may be required.

Please check your status and provide yearly totals for each category below.

\*\*\*TO HELP YOU COMPLETE THIS SECTION, COMPLETE THE REVERSE SIDE OF THIS FORM.\*\*\*

INDEPENDENT

	Student	Spouse
WAGES Estimated	\$ _____	\$ _____
SOCIAL SECURITY	\$ _____	\$ _____
UNEMPLOYMENT	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____
Estimated 2019 Annual Income TOTAL\$ _____		

DEPENDENT

	Father	Mother
WAGES	\$ _____	\$ _____
SOCIAL SECURITY	\$ _____	\$ _____
UNEMPLOYMENT	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____
Estimated 2019 Annual Income TOTAL\$ _____		

Student Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

# Information for Calendar Year 2019

## INDEPENDENT

## DEPENDENT



Please list all income and resources for Jan 1-Dec 31, 2019	<b>Student</b>	<b>Spouse</b>	<b>Father</b>	<b>Mother</b>
<b>January</b>	\$_____ Wages \$_____ etc...	\$_____ Wages \$_____ etc...	\$_____ Wages \$_____ etc...	\$_____ Wages \$_____ etc...
<b>February</b>				
<b>March</b>				
<b>April</b>				
<b>May</b>				
<b>June</b>				
<b>July</b>				
<b>August</b>				
<b>September</b>				
<b>October</b>				
<b>November</b>				
<b>December</b>				
<b>TOTAL</b>				