



2009-2010
Request for Income Adjustment Form

Financial Aid Office

Student's Name: _____

ID# _____

THIS FORM MAY ONLY BE USED FOR STUDENTS WHO HAVE A LOSS OR REDUCTION IN INCOME. Please check the circumstance(s) which best describes the change in you/ spouse/your parent's financial situation. If you do not meet at least one of the circumstances, you are not eligible for a Income Adjustment Evaluation.

A. Reduction in earnings or loss of income: Student/Spouse/parent who received income in 2008 has experienced a reduction in that income for 2009. This could include a loss of earnings, reduction in hours (from full-time to part-time, worked at least 35 hours a week for at least 30 weeks in 2008, but has not been working full-time in 2009), loss of taxable or untaxed income (unemployment, Social security benefits, child support or military allowance, for at least 10 weeks).

Specify whom this circumstance pertains to: Student _____ Spouse _____ Father _____ Mother _____
Nature of loss _____
Date reduction/loss occurred _____ (DO NOT LEAVE BLANK)

You must attach the following documentation:

- Student/spouse or student/parent's final or last pay stub in 2009. The pay stub/s must have document year to date earning. (LES if in the military, stub not needed if year to date earning is on the termination letter).
Initial letter from Texas Workforce that includes beginning and ending dates of unemployment benefits and the amounts received.
Proof of job loss (Letter of termination)
If there is a change of hours need letter from the employer with the date, hours and salary.
For untaxed income loss submit verifying documentation.

B. Divorce or Separation: Since applying for financial aid, you or your/ parents have become divorced or separated.

Specify whom this circumstance pertains to: Student _____ Parents _____
Date of divorce/separation _____ (DO NOT LEAVE BLANK)

You must attach documentation:

- Copy of divorce decree
Documentation of separation (Letter from professional: teachers, clergy, social worker, counselor)

C. Death of spouse/parent: Since applying financial aid, your spouse/parent has died.

Specify whom this circumstance pertains to: Student _____ Parents _____
Date of death _____ (DO NOT LEAVE BLANK)

You must attach documentation:

- Death Certificate

D. Disability of student/spouse/parent: You/spouse/parent earned money in 2008, but have been unable (for at least 10 week in 2009) to earn money in the usual way.

Specify whom this circumstance pertains to: Student _____ Spouse _____ Father _____ Mother _____
Date of disability _____ (DO NOT LEAVE BLANK)

You must attach documentation:

- Letter of Disability from SSI, TX Rehab or Workers Comp (contain the date of disability, amount will be receiving)

E. Previous year included a one-time income amount: such as a one lump sum distribution (Pensions, social security, IRA'S, Annuities) and no longer receiving that income.

You must attach documentation:

- Attached documentation that identifies source of income
Documentation that shows that no longer has income

F. Unusually high medical expenses paid during 2008. This amount must be at least 12% of AGI

You must attach documentation:

- Copies of Paid Receipts

(OVER)

2009 INCOME INFORMATION

Provide the best possible estimates for the period January 1, 2009 to December 31, 2009. **Before any adjustments can be made to your status you must provide complete documentation regarding how you arrived at the estimates listed below.** Additional documentation may be required.

DO NOT LEAVE ANY AREAS BLANK.

WHAT YOU (OR YOUR PARENT) EXPECT YOU'RE TAXABLE AND UNTAXABLE INCOME TO BE IN 2008?

ANTICIPATED YEARLY INCOME FOR JAN. 1, 2009 TO DEC. 31, 2009	INDEPENDENT STUDENT AND SPOUSE OR DEPENDENT STUDENT	PARENT(S) OF DEPENDENT STUDENT
Expected 2009 income earned from work (wages, salaries, tips, net business/farm income)	Student \$ Spouse \$	Father \$ Mother \$
Other taxable income (dividends, interest, pensions, alimony, unemployment compensation, capital gains, other)	\$	\$
Social Security Benefits	\$	\$
Child Support	\$	\$
Workers Compensation	\$	\$
AFDC/TANF (Welfare Benefits)	\$	\$
Veteran's non education benefits	\$	\$
Other untaxed income (Untaxed pensions, Tax deferred pensions, IRAs and retirement)	\$	\$
Military Housing, Food, or Living Allowances	\$	\$
Cash or Money paid on you behalf	\$	\$
TOTAL ANTICIPATED INCOME FOR 2009	\$	\$
Income exclusions: (education credits, child support paid, work-study)	\$	\$

NOTE: A statement from all employers for 2009 must be attached indicating the amount paid-to-date in 2009 for you/spouse (or your parent's). Estimated untaxed income and benefits:

CERTIFICATION:

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. income tax return. I also realize that if I do not give proof when asked, my student file may not be processed for financial aid.

NO STUDENT OR PROSPECTIVE STUDENT WILL BE EXCLUDED FROM PARTICIPATION IN OR DENIED THE BENEFITS OF FINANCIAL AID AT EL PASO COMMUNITY COLLEGE ON THE BASIS OF RACE, COLOR, AGE, NATIONAL ORIGIN, RELIGION, GENDER OR DISABILITY.

Student's Signature

Date

Spouse's Signature

Date

Father's Signature

Date

Mother's Signature

Date

OFFICE USE ONLY

Source of Income Employment	Period Covered		YTD Earnings	Projected Earnings	SUB- TOTALS
	From:	To:			
1					
2					
3					
Unemployment Benefits					
Other					
2009 Estimated Income Tax To Be Paid				Parents	Students
Estimated Adjusted Gross Income					
Standard Deduction (see chart)			-		
Exemption Amount (\$3500 x no of exemptions)			-		
Estimated Taxable Income			=		
2009 Estimated Tax to be Paid (use 2008 tax table)					

Staff Signature

Date