

## 2024-2025 INCOME REDUCTION APPEAL FORM

Students Full Name \_\_\_\_\_ CCCC ID# \_\_\_\_\_

You completed the FAFSA using 2022 household income and benefits. If you have experienced a significant reduction in household income during 2023 or 2024, complete this form. The Financial Aid Office staff will use professional judgement to determine if an exception can be made to the federal student aid requirements.

- Complete either Section A for **2023** income OR Section B for **2024** income.
- Sign Section C.
- In most cases, the Financial Aid Office will review your appeal within two weeks.

### Section A: 2023 Income Reduction

1. Provide a detailed explanation why your **2023** income changed significantly from 2022.


2. Indicate whose **2023** income changed compared to 2022:  
Student \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

3. Attach all of the following documentation to verify **2023** Income:
  - **2023** IRS Federal Tax Return - **signed** (if married and not a joint tax return, also provide spouse's)
  - **2023** W-2 wage statements
  - **2023** Form 1099-G annual Unemployment Benefits (if benefits received)
  - Other **2023** income documentation (specify): \_\_\_\_\_

4. Skip to Section C to provide signature.

### Section B: 2024 Income Reduction

1. Provide a detailed explanation why your **2024** income changed significantly from 2022:


2. Indicate whose **2024** income changed compared to 2022:  
Student \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

3. Attach all of the following documentation to estimate **2024** income:
- Most recent paystubs with Year to Date earnings (all employers)
  - Unemployment Benefits statement (if receiving benefits)
  - Other **2024** income documentation (specify): \_\_\_\_\_
  - If completing after January 31, 2025: 2024 W-2 Wage Statements

4. Estimate **2024** household income (enter \$0 if not applicable).

**January 1, 2024 through Today's Date \_\_\_\_\_ (provide Year to Date):**

Wages from all jobs (before taxes):	Student	Spouse	Parent (if included on FAFSA)
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Unemployment benefits:			
_____	\$ _____	\$ _____	\$ _____
Child Support/Other Income			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Today's Date \_\_\_\_\_ until December 31, 2024 (Estimate for Remainder of Year):**

Wages from all jobs (before taxes):	Student	Spouse	Parent (if included on FAFSA)
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Unemployment benefits:			
_____	\$ _____	\$ _____	\$ _____
Child Support/Other Income			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Section C: Signature and Affirmation**

The information provided in this appeal is complete and accurate to the best of my ability. I understand I may need to provide further documentation to verify estimated income figures.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required only if parent income included on this form)*