2019-2020 INCOME APPEAL - STUDENT

Student ID Number: __________________________

Last Name: __________________________ First Name: __________________________ Middle Initial: _______

Deadlines and Timeframes to File an Appeal
September 23, 2019 to March 13, 2020 – if you are attending Fall 2019 and Spring 2020 terms
  • November 8, 2019 – if you are attending Fall 2019 term only
  • Income Appeals may take up to 9 weeks to process

Acceptable Reasons for an Appeal
Students may file an income appeal if income for calendar year 2018 or 2019 is drastically less than 2017 because of unusual circumstances such as:
  • Loss or a reduction in income due to unemployment, disability, loss of previous federal benefits, etc…
  • Change in student’s marital status due to separation, divorce, or death of a spouse
  • Natural disaster

Required Documentation
1. Complete ALL pages and applicable sections of this appeal form.
2. A typed and signed statement, explaining in detail how your and your spouse’s income (if applicable) has changed from what was reported on your FAFSA. If using 2019 income, explain all 2019 income sources for you and your spouse (if applicable). The statement must be signed by you.
3. Proof of your and your spouse’s 2018 or 2019 income. All sources of income must be documented. Documentation may include: last paycheck stub indicating Year to Date Income; W-2 form(s) for the applicable income year; proof of unemployment benefits, disability, worker’s compensation, Social Security benefits received for 2018 or 2019; proof of separation/divorce/death of spouse (if applicable); job lay off or job termination notice. If your 2019 federal tax return has been filed, submit a signed copy of your 1040 tax form.

Appeals will not be accepted if the following applies because it will NOT change your aid eligibility:
  • Your 2019-2020 FAFSA Expected Family Contribution (EFC) is $0.
  • You are a 2nd BA degree student who has been offered $5,500 in a Federal Direct Subsidized Loan.
  • You are a 2nd Credential student, or are enrolled in an Intern Credential program and were offered $5,500 in a Federal Direct Subsidized Loan.
  • You are a 2nd Master’s degree student.
  • You are a Master’s degree student and you have been awarded a State University Grant.
SECTION I: CHANGE IN INCOME

Read the descriptions. Check all boxes that apply to you and your spouse. Attach all requested documentation for each section.

☐ A. I or my spouse earned drastically less money in 2018 compared to the income that what reported on my 2019-2020 FAFSA.

1. Submit copies of your signed and completed 2018 Federal Tax returns. Include all pages and applicable documents.

☐ B. I or my spouse earned less money in 2019 due to loss of a job for at least 12 weeks in 2019.

   I was unemployed from ______________ to ______________. (month/day/year)
   My spouse was unemployed from ______________ to ______________. (month/day/year)

   Documentation Required:
   1. Submit a statement on company letterhead from the previous and current employers indicating the start and end dates of employment. If employment was terminated, submit the termination letter or layoff notification from each employer.
   2. Submit copies of your last pay stubs from all jobs held in 2019 that contain year-to-date income for year 2019.
   3. If you were self-employed and calendar year 2019 has ended, you must submit a copy of your 2019 IRS 1040 form when filed, in order for the appeal to be reviewed. If you did not work at all during 2019, explain why not on your attached written explanation statement.
   4. Submit a copy of a statement from the Employment Development Department (EDD) showing the maximum unemployment benefits available for you and/or your spouse. Provide the start date and end date of benefits. If the unemployed person did not receive unemployment, explain why not. If denied unemployment benefits, submit a letter of ineligibility from EDD.

☐ C. I or my spouse have reduced earnings due to a change in employer. List all 2017-2019 employers and provide the start and end date for each employer in your typed and signed statement. Submit all documents requested in section B.

☐ D. I or my spouse have reduced earnings due to a reduction in hours or pay rate while working for the same employer.

   Documentation Required:
   1. Submit copies of your last pay stubs that contain year-to-date income for all jobs held in 2019.
   2. Explain the changes in income and dates of the changes on your attached typed and signed explanation.
   3. In your statement, calculate and explain your projected income from your last pay stub submitted, through 12/31/2019.

☐ E. I or my spouse received a one-time, non-recurring pension, IRA distribution payment, or cancellation of debt, during 2017.

   Documentation Required:
   1. Submit a signed copy of your 2017 IRS 1040 or 1040A form showing the one-time payment.
   2. Submit a copy of the 1099R or other end-of-year statement from 2017 that matches the entire amount shown on the IRS 1040 or 1040A.
   3. Provide copies of recent financial statements from each of these accounts to demonstrate the account balances are now zero.
   4. If account balances are not zero, we must wait until you have filed your 2019 tax return, or have account statements through December 2019 showing no withdrawals were made during 2019.
☐ F. I or my spouse earned money in 2017, but have not been able to earn money in the usual way for at least 12 weeks in 2019 because of a disability that happened in 2018 through 2019.

I have been disabled since: ________________ (month/day/year)
My spouse has been disabled since: ________________ (month/day/year)

Documentation Required:
1. Submit copies of your last pay stubs that contain year-to-date income for all jobs held in 2019.
2. Submit a copy of a statement from the Social Security Administration, state disability, or any other agency for you/your spouse showing benefits received during 2019.
3. If no disability benefits have been received for 2019, explain why not, and attach a letter of ineligibility.
4. If you/your spouse received Worker’s Compensation, submit a copy of a statement from Worker’s Compensation regarding total benefits for which he/she is eligible. On the copy, show estimates of the total Worker’s Compensation that you/your spouse expect to receive for 2019.

☐ G. I or my spouse received unemployment compensation or some untaxed income or benefit in 2017, but have completely lost that income or benefit for at least 12 weeks in 2019.

The untaxed income or benefit was from a public or private agency, from a company, or from a person because of a court order.

Documentation Required:
You must submit proof/documentation that the benefit has ended, and proof of the total received for 2018.

The type of benefit I received in 2017 was: ________________________________
I have completely lost this benefit since: ________________________________ (month/day/year)
The type of benefit my spouse received in 2017 was: ________________________________
My spouse has completely lost this benefit since: ________________________________ (month/day/year)

☐ H. Since filing my 2019-2020 FAFSA, I have become separated or divorced.

I became separated or divorced on: ________________________________ (month/day/year)

Documentation Required:
1. Submit a signed copy of your IRS 1040/A/EZ filed for 2017 (including schedules), and all W-2 forms for you and your spouse.
2. Separation – Submit proof of legal separation or if not legally separated, provide copies of a recent utility bill or housing lease for you and your spouse, showing separate addresses.
3. Divorce – Submit proof of divorce proceedings or final divorce decree.

☐ I. Since filing my 2019-2020 FAFSA, my spouse has died.

My spouse passed away on: ________________________________ (month/day/year)

Documentation Required:
• Provide a copy of the death certificate.
• Submit a signed copy of your and your spouse’s IRS 1040/A/EZ filed for 2017 (including schedules), and all W-2 forms for you and your spouse.
SECTION II: STUDENT’S AND SPOUSE’S EXPECTED 2019 INCOME
This section must be completed even if you have included 2018 or 2019 income figures in your attached statement.

Provide the BEST estimate of your income from all sources for the period from January 1, 2019 through December 31, 2019. You must answer each of the lines below. Report “0” if nothing is received. Be sure to list figures for the entire 2019 calendar year -- it may be necessary for you to project or estimate a portion of this income.

12 MONTH FIGURES

2019 Gross Income earned from work by student: $____________________
2019 Gross Income earned from work by spouse (if married): $____________________
2019 Other taxable gross income (Unemployment benefits, interest, dividends, etc.): $____________________
2019 Untaxed income and benefits (yearly total only):
   • 2019 Child support received for all children: $____________________
   • 2019 Other untaxed income & benefits (disability, housing vouchers, etc.): $____________________

What type of untaxed income or benefit? __________________________________________

The Financial Aid & Scholarship Department may request additional documentation to verify information provided on this form. Failure to respond in a timely manner may affect your ability to complete your financial aid file, which may limit your chances to receive certain aid programs and/or delay disbursement of aid funds for which you might be eligible.

SECTION III: CERTIFICATION

“I certify that the information contained in this Estimated Year Income Appeal and any supporting documentation or statements are true and complete to the best of my knowledge. I will provide additional information as requested by the Financial Aid & Scholarship Department. I understand any false information will be cause for the denial, reduction, and/or repayment of student financial aid and I may be subject to a fine, imprisonment, or both under the provisions of the U. S. Criminal Code.”

Return this form and all attachments/documentation to the CSUN Financial Aid & Scholarship Department.

SIGNATURES:

Student’s Signature: ____________________________ Date: ________________