

2021-2022 REDUCTION IN INCOME INSTRUCTIONS

You have notified Financial Aid Services that your family has experienced a reduction in income in 2021. Your family's 2021 income must be substantially less than your 2019 income in order for Office of Financial Aid Services to reevaluate your eligibility for Federal and Institutional Student Financial Aid programs. The following information will assist you with what you need to do in order for your request to be processed.

- 1. **CAL GRANT** To have your eligibility for the CAL GRANT re-evaluated, contact CSAC at 888-224-7268 or go to their website at **www.csac.ca.org** to download a printable form.
- 2. **COMPLETE THE 2021–2022 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)** and submit it to Federal Student Aid Programs for processing.
- 3. COMPLETE THE 2021–2022 DEPARTMENT OF EDUCATION VERIFICATION OF ASSETS FORM.
- 4. ATTACH A SIGNED COPY OF THE 2019 FEDERAL INCOME TAX RETURN(s) AND 2019 IRS TRANSCRIPT student's and parents' (if parent information was required on the 2021–2022 FAFSA).
- 5. COMPLETE THE 2021–2022 REDUCTION IN INCOME FORM The information you report on this form will be used to reconsider your eligibility for Federal Student Aid. This includes the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Work-Study, Direct Stafford Loan both subsidized and unsubsidized, and PLUS Loan.
 - DEPENDENT STUDENTS: only parental income will be adjusted.
 - List the reason(s) for the change and provide estimates of your family's 2019 income.
 - Financial Aid Services will **NOT** consider the following situations for a reduction in income:
 - Reduction in overtime pay
 - ➤ Loss of employment for DEPENDENT students
 - Bankruptcy
 - Retirement
 - > Tuition benefits paid for elementary/secondary private schooling
 - Unusual expenses related to personal living (e.g. wedding expenses, VISA/MasterCard bills, home mort-gage or school loan payments, car payments, and other miscellaneous consumer item expenses)
 - > Business losses in 2019 or shifts in commission sales
 - > One-year bonus incomes such as lottery winnings, pension payments, legal awards, etc.
 - Stock market loss
- 6. Submit the completed Reduction in Income Form, Verification Form, 2019 Federal Income Tax Return(s) and all supporting documentation to the Office of Financial Aid.
- 7. After your Reduction in Income Form has been processed, you will be notified in writing of the outcome.

Office of Financial Aid ● 15600 Mulholland Dr. ● Los Angeles ● California ● 310-476-9777 ext. 1252 Phone ● 310-476-4613 Fax



2021–2022 REDUCTION IN INCOME FORM

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM.

Student's Name:		Social Security #:	/		
Home	e Address:				
	Street	City	State ZIP		
Home	e Telephone Number: ()				
SECT	TION A: REASON FOR SPECIAL CONDIT	ION REQUEST (Check all t	hat apply.)		
	Loss OF EMPLOYMENT - This person must be of Documentation must be provided verifying the the person became unemployed. You must also also acopy of your "Notice of Final Determines Copies of the last pay stub received from	nat the person's employment stat so submit: nation" from the unemployment	tus has changed AND the date office.		
	Loss of Untaxed Income or Benefit – An immediate member of your family has lost some type of untaxed income or benefit (Social Security, child support, etc.). Official documentation stating the date the untaxed income or benefit was terminated is required.				
	DIVORCE OR SEPARATION - Since filing the FAF: must list the date the separation or divorce or address of the estranged spouse. The docume Official documents may include a copy of a least	curred AND provide two (2) offi ents must list a street address. P.	icial documents to confirm the .O. Boxes are not acceptable.		
	DEATH OF PARENT OR SPOUSE - Since filing the F of the Death Certificate.	AFSA, your spouse/your parent	has died. Please submit a copy		
c	D. F D.				

SECTION B: EXPLANATION OF INCOME REDUCTION (This section must be completed)

Please explain your situation. **Include all relevant information and documents.** Be complete in your written explanation as it determines the processing of your reduction in income. If you need additional space, continue on a separate sheet of paper. Please print or type your remarks.

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LIST THE DATE THE CHANGE IN CIRCUMSTANCE OCCURRED:/				

SECTION C: ESTIMATED INCOME INFORMATION FOR 2019

The following sections require you to provide your expected 2019 year income. Provide figures for the ENTIRE YEAR; do not put hourly wage rates. Instead, compute what you will earn for the entire 2019 year. Include all income received from January 1, 2019 until now and estimate the amounts to be received from now until December 31, 2019. After completing the appropriate income section, sign this form, attach all supporting documentation, and submit the information to our office. If any information or documents are missing or incomplete your reduction in income request will not be processed.

DO NOT LEAVE THIS SECTION BLANK. LIST THE MONTHLY AMOUNT YOU EXPECT TO RECEIVE IN 2019. IF NO INCOME IS EXPECTED TO BE RECEIVED FROM THE SPECIFIC SOURCE LISTED, YOU MUST WRITE "\$0".

	PARENT/STEPPARENT	STUDENT/SPOUSE	
TYPE OF INCOME	PROJECTED 2019 INCOME	PROJECTED 2019 INCOME	
Taxable Income			
Student's/Father's income from work	\$	\$	
Spouse's/Mother's income from work	\$	\$	
Taxable interest income	\$	\$	
Taxable pensions/annuities	\$	\$	
Unemployment Compensation	\$	\$	
Severance Pay	\$	\$	
Alimony/Spousal Support	\$	\$	
Other	\$	\$	
Untaxed Income			
Social Security Benefits (SSI/SSDI)	\$	\$	
Welfare Benefits or AFDC	<u> </u>	<u> </u>	
Untaxed pensions/annuities – exclude rollovers	\$	\$	
Worker's Compensation/Employer Disability	<u>\$</u>	\$	
Child support received	<u>\$</u>	\$	
IRA/KEOGH contributions	<u>\$</u>	\$	
Untaxed interest income	<u>\$</u>	\$	
Earned Income Credit	<u> </u>	\$	
Other	\$	\$	
Household Information			
Number in household			
Number in rouseriold Number in college (at least ½ time excluding parents)			

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SECTION D: STATEMENT OF CERTIFICATION AND AUTHORIZATION

In addition to the applicant, all others whose data is included on this form must sign the appropriate line. Failure to provide the appropriate signatures will prevent processing of the form.

IF ANY OF THE FIGURES USED ON THIS FORM CHANGE, I	${f l}/{f w}$ e accept the responsibility for contactinc
the Office of Financial Aid Services in writing v	WITH THE CORRECTED INFORMATION.

THE OFFICE OF FINANCIAL AID SERVICES IN WRITING WITH THE CORRECTED INFORMATION.							
Student's Signature		Date	Parent Signature – if student is dependent Date			Date	
OFFICE USE ONLY							
Verified EFC 2020 AGI 2020 Tax Paid 2020 Untaxed Income	\$ \$				Information	n Needed:	
Date Reviewed FA Counselor		Арр	oroved	□ No □ No			