The University of Texas Rio Grande Valley

2017-2018 Income Reduction Request   Deadline: April 13, 2018

Student First Name: _____   Student Last Name: _____   ID: _____

DOB: _____/ _____/_____   Primary Phone #: (_____) _____-_____   Secondary Phone #: (_____) _____-_____

Please submit all of the required documents to the Advisor that is assisting you.

(Do not submit your documents at the front office.)

- **Personal Statement:** attach a statement describing your situation.

- **Benefits:** provide documentation if the student/spouse/parent(s) is(are) receiving or received unemployment benefits, workman's compensation, insurance settlements, pension distributions, social security, retirement, military, etc.

- **Employment Verification**: The attached Employment Verification Form must be signed by your former/current employer or a letter from your former and/or current employer stating the date of separation or the substantial cutback in hours and estimated earnings for the year **2016** must be included. This letter must be on company letterhead and provide the name and phone number of the contact person.

- **Required Income Tax Return Transcript(s):** <u>**2015**</u> yr and <u>**2016**</u> yr
  (Student and/or spouse or parents' as applicable)

  If tax return was not filed, then Proof of Non Filing Letter along with W-2 forms will be required.

  Go to www.irs.gov to request this information.

- **Last pay check stub:** for student /parent/spouse.

Do Not make any corrections on FAFSA once you have submitted paperwork to the advisor. _____

Important Notice

You are required to notify and provide the information to our office of any changes in your income after this file is reviewed.   Failure to do may impair your future financial aid.

Please submit to the financial aid advisor you are working with at either of the following UTRGV locations:

The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229	Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392

For Office Use Only:

APPROVED: Yes   No

Advisor Signature:_____   Date:_____

Be Advised

If Independent: Use your (and your spouse's, if married) and your dependent's information in completing this form.

Or

If Dependent: Use your and your parent's information in completing this form. If your parents are divorced or separated, give the information of the custodial parent.

Mark the appropriate reason for the change in your income and provide a personal statement describing your situation along with any other documentation required.

☐ **Death of spouse or parent:** If the loss of income was due to the death of your parent, then give only your income information and/or that of your surviving parent. If the loss of income was due to the death of your spouse, then provide only your income.

☐ **One time reduction of income:** Identify the source of the one-time income and explain how those funds were spent or invested. Attach a statement to describe this and provide receipts for the expenditures and/or investments.

☐ **20% reduction of income/Unemployment:**
   (Last years filed income x .20)

☐ **Divorce/separation:**

☐ **Disability of student /spouse/parent:**

> For any of these reasons please complete the box below. It will be used to determine the household income for the calendar year 2016. Include all income (wages, pension disbursements, 401(k) etc) received or anticipated starting from January 1, 2016 and ending December 31, 2016. Provide the appropriate documents for the reason stated. Provide W-2's where appropriate.

Anticipated Income for 1/1/2016 to 12/31/2016

	Parent or Spouse Income	Student Income
Wages, Salary and Tips: Include Severance Pay, Disability, & Income from work	$	$
Other taxable income: Interest, Dividends, Business or Rental income	$	$
Untaxed income: Social Security benefits, SSI, Veterans Benefits	$	$
Temporary Assistance to needy Families (TANF)	$	$
Child Support or Alimony Received	$	$
Any untaxed income: Worker's Compensation, Disability, Earned Income, Retirement plans, Additional Child Credit	$	$
Other untaxed income: cash support not reported elsewhere on this form	$	$
TOTAL ANTICIPATED INCOME FOR YEAR 2016	$	$

Please Note

The Financial Aid Office reserves the right to request additional information if deemed necessary.

I (We) certify the above information is true and correct according to the income information to be reported on my (our) 2016 Federal Income Tax Return. I (We) also certify if this information or situation changes for the year 2016, I (we) will notify the Financial Aid Office and provide the information required. Failure to do so may impair my future financial aid.

Student:_____   **Date:** _____

Parent (If Dependent):_____   **Date:** _____

The University of Texas Rio Grande Valley

Employer Separation/Termination (To be completed by former employer)

Former Employee: _____
                    LAST NAME   FIRST NAME

Terminated/Separated Employment and Date: _____ _____ _____
                                               COMPANY NAME   MM/DD/YYYY

The gross earnings at the time of separation $ _____ **(January 1-December 31, 2016)**

*Please report any **severance packages, bonuses, 401K distribution(s), retirement distributions or other income** this former*

employee will receive after his last paycheck due to his employment with your company.

$ _____   **Disbursement date:** _____

I certify that the above information is true and correct according to the income information reported to the Internal Revenue Service.

Name and Title: _____   Date: _____
                              Please Print   MM/DD/YYYY

Signature: _____   Phone: (_____) _____
                    Payroll Manager / Personnel Manager

Employer Verification (To be completed by current employer)

Employee: _____
                    LAST NAME   FIRST NAME

Current Employer and Hired Date: _____ _____ _____
                                  Company Name   MM/DD/YYYY

Current gross pay: $ _____ **per** _____. **Total scheduled workweek hours** _____

Anticipated total annual earnings for January 1st to December 31st, 2016: $ _____

Complete ONLY if a drastic reduction in the number of hours worked for this employee occurred

Date hour reduction became effective: _____ Current workweek hours: _____.

Do you anticipate an increase in hours for this employee? ☐ Yes ☐ No

If yes, when: _____ and how many more hours per week: _____.

I certify that the above information is true and correct according to the income information reported to the Internal Revenue Service.

Name and Title: _____   Date: _____
                              Please Print   MM/DD/YYYY

Signature: _____   Phone: (_____) _____
                    Payroll Manager / Personnel Manager