

**2018-2019 Income Reduction Request** **Deadline: April 19, 2019**

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 **2017** 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): 2016 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](http://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 so may impair your future financial aid.***

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

<p>The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229</p>	<p>Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392</p>
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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 2017. Include all income (wages, pension disbursements, 401(k) etc) received or anticipated starting from January 1, 2017 and ending December 31, 2017. Provide the appropriate documents for the reason stated. Provide W-2's where appropriate.

**Anticipated Income for 1/1/2017 to 12/31/2017**

	Parent or Spouse Income	Student Income
<b>Wages, Salary and Tips:</b> Include Severance Pay, short term disability payments & income from work	\$	\$
<b>Other taxable income:</b> Interest, Dividends, Business or Rental income, Farm Income, Worker's Compensation, Retirement and pension distributions, Insurance settlements, etc.	\$	\$
<b>Temporary Assistance to needy Families (TANF)</b>	\$	\$
<b>Child Support or Alimony Received</b>	\$	\$
<b>Any untaxed income:</b> Social Security benefits, SSI, Veterans Benefits Disability, Untaxed portion of retirement or pension distributions, etc.	\$	\$
<b>Other untaxed income:</b> cash support not reported elsewhere on this form	\$	\$
<b>TOTAL ANTICIPATED INCOME FOR YEAR 2017</b>	\$	\$

**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) 2017 Federal Income Tax Return. I (We) also certify if this information or situation changes for the year 2017, 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:** \_\_\_\_\_

## 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, 2017)

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 1<sup>st</sup> to December 31<sup>st</sup>, 2017: \$ \_\_\_\_\_

**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