

2019-2020 Income Reduction Request – Calendar Year 2019

Deadline: April 17, 2020

Student First Name: _____ Student Last Name: _____ ID: _____
 DOB: ____/____/____ Primary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____

By submitting this form, I am asking that a Professional Judgment Case be reviewed for my 2019-2020 FAFSA because the FAFSA used the 2017 income and I want the 2019 income to be used due to changes in our household situation. I am aware that I must include copies of both 2017 and 2019 signed tax returns and W2 forms for members of my household who were impacted by the changes.

Use actual income January 1, 2019 to December 31, 2019

Step 1: Check the option(s) that pertain to your circumstance and submit required documentation.

___ **1. Termination of Employment/Resigned/Retired.** Requires documents listed below:

- a. Typed ½ page Letter of Explanation of what and when it occurred
 - b. Proof of Termination, Resignation or Retirement of Employment
 - c. Proof of unemployment benefits, settlement payouts, 401k pensions, retirement funds or lump sum amounts, etc.
- Note: If pensions or lump sum amounts were received, check off option #3 and provide the required documents.

___ **2. Reduction of Income by at least 20% (i.e.: Prior job versus New Job/Less Earnings/Full-time to Half-time)**
 You or your parents may have changed jobs which caused a decrease in earnings. To calculate, take your 2017 income and multiply by .20 to obtain the 20%. Then subtract the 20% amount from your 2017 Adjusted Gross Income. Compare this number against your 2019 earnings. Your 2019 earnings must be lower than the number resulting from the calculation.
 Requires documents listed below:

- a. Typed ½ page Letter of Explanation of what and when it occurred
- b. Proof of Termination that caused your change of income
- c. Proof of any new job(s) showing new projected earnings, if applicable
 Use the attached Employment/Separation Verification

___ **3. One-time reduction of income (Retirement pensions, Severance, Lump sums).** Requires documents listed below:

- a. Typed ½ page Letter of Explanation of what happened and total amount received and expenditures
- b. Proof of paid receipts of monies spent for ***non-discretionary expenditures.**
 *Examples of non-discretionary expenditures are: credit card payment closures, buying a vehicle and paid in total, pay off mortgage, tuition payments, large amounts of medical-related payments.

___ **4. Divorce/Separation: If Divorce/Separation happened after FAFSA was filed.** Requires documents listed below:

- a. Typed ½ page Letter of Explanation of what and when it occurred
- b. Proof of divorce or separation such as divorce decree
- c. Proof of child support received, alimony, etc.

___ **5. Disability - Student/Spouse/Parent** Requires documents listed below:

- a. Typed ½ page Letter of Explanation as to what and when it occurred
- b. Proof of income plus any backpay disability, military-related disability benefits, social security benefits

___ **6. Death of spouse or parent (If occurred after FAFSA was filed).** Requires documents listed below:

- a. Typed ½ page Letter of Explanation as to what and when it occurred
- b. Death certificate or letter from funeral home confirming date of loss. If the loss of income was due to the death of your parent, then give only your income information plus tax records and W-2 forms 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 with tax records and W-2 forms.

Step 2: Complete the following Table:

Income Received 1/1/2019 to 12/31/2019	Parent/Spouse Income	Student Income
Wages, Salary and Tips	\$	\$
Other Taxable income: Unemployment Benefits, Interests, Dividends, Business or Rental income, Farm Income, Worker's Compensation, Retirement and Pension Distributions, Insurance Settlements, etc.	\$	\$
Temporary Assistance to Needy Families (TANF)	\$	\$
Child Support or Alimony Received	\$	\$
Any Untaxed Income: Social Security benefits, SSI, Veterans Benefits Disability, Untaxed portion of retirement or pension distributions, etc., cash support not reported elsewhere on this form	\$	\$
TOTAL INCOME FOR YEAR 2019	\$	\$

Important Notice

The Financial Aid Office reserves the right to request additional information if deemed necessary. 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 your paperwork to U Central locations listed below or you may electronically upload your documents at <https://enrollment.utrgv.edu/documentcentral/Auth/login.aspx>

<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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I (We) certify the above information is true and correct according to the income information reported on my (our) 2019 Federal Income Tax Return. I (We) also certify if this information or situation changes, 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, ____)

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, ____ to December 31, ____: \$ _____

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