



FINANCIAL AID OFFICE  
 1000 East Victoria Street, WHB250  
 Carson, California 90747  
**PHONE:** (310) 243-3691  
 finaid@csudh.edu

Name: _____ <i>Last</i> <span style="margin-left: 150px;"><i>First</i></span> <span style="margin-left: 150px;"><i>MI</i></span>	
Student ID# _____	21EFCR

### 2020-2021 Income Adjustment Appeal Form

Your 2020-2021 financial aid application reflects income information from the 2018 calendar year. If you or your family's financial situation has changed from 2018, you may request to have your financial aid eligibility re-evaluated to use your 2019 or 2020 income information. Please complete this form and submit the required documentation. You will be notified via your ToroMail account once your appeal has been reviewed.

**Instructions:** Please provide copies of all supporting documentation requested and include your name and student ID number on the top right corner of each page being submitted. Upon review of the documentation submitted, additional information may be requested. The deadline to submit this form and all required documents is **Thursday, April 22, 2021**.

**Person(s) impacted by change (check all that apply):**    Student                       Spouse                       Parent(s)

**REASON FOR ADJUSTMENT** *(check all that apply)*

- Loss of job *(attach the following items)*
  - Letter from employer showing the last date worked
  - Copy of most recent pay check stub(s) showing year-to-date earnings
  - Copy of unemployment benefit letter (EDD)
- Divorce/separation *(attach the following items)*
  - Date of action: \_\_\_\_\_
  - Copy of divorce decree, legal separation documents, or notarized statement indicating date of separation **and** proof of separate residences (i.e. copy of utility bill, phone bill or other)
  - All W-2s if a joint tax return was filed (needed to separate income)
- Reduction of work hours *(attach the following items)*
  - Copy of most recent pay check stub showing year-to-date earnings
  - Date reduction occurred: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Current Hours Per Week: \_\_\_\_\_
- Other: Please explain and attach appropriate documentation

**REQUIRED DOCUMENTATION**

- Signed, typed statement providing a detailed explanation regarding the change in income and including the month and year the change occurred. This statement should be signed by the person impacted by the change.
- 2020-2021 Dependent (or) Independent Verification Form.
- Copy of the 2018 federal tax return transcript(s) *check here:*    *if previously submitted in the 2019-2020 or 2020-2021 school year*  
*check here:*    *if the IRS Data Retrieval Tool (DRT) was used on 2020-2021 FAFSA.*
- Copy of the 2019 federal tax return transcript(s) if change occurred in 2019.
- Copy of 2020 federal tax return transcript(s) if this form is submitted after January 1, 2021 and 2020 was the year the income was impacted.
- If a tax return was not filed for 2018, please submit an **IRS Verification of Non-Filing** letter and explain in a signed, typed statement how you, your spouse, and/or your parents were able to meet basic living expenses (food, housing, etc.). Include specific dollar amounts and source of all support (monetary support from others, Veteran's Benefits, financial aid refunds, etc.).

**CERTIFICATION**

The signature(s) below certify that this information is true and gives the Financial Aid Office at CSUDH permission to make changes to my financial aid offer based on this request.

\_\_\_\_\_  
 Student Signature (Required)                      Date                      Parent Signature (required for dependent student)                      Date

**For Office Use Only**

Part 1 (file verified) <input type="checkbox"/> FVERC <i>Append with details</i> EFC: _____ Simulate prior to P2	Part 2 (update income information) <input type="checkbox"/> Adj. EFC Calc Flag <input type="checkbox"/> Adj. EFC: _____ <input type="checkbox"/> Checklist: 21EFCA <input type="checkbox"/> Comment Code: 21EFCA <i>Append with details</i>	Part 3 (adjust offer) <input type="checkbox"/> Offer adjusted <input type="checkbox"/> F14 sent <input type="checkbox"/> Comment code: 21EFCC Completed by: _____	<b>PENDING:</b> <input type="checkbox"/> Checklist: 21EFCP <input type="checkbox"/> Comment Code: 21EFCP <input type="checkbox"/> F14 sent Date: _____	<b>NO ACTION TAKEN:</b> <input type="checkbox"/> Checklist: 21EFCN <input type="checkbox"/> Comment Code: 21EFCN <input type="checkbox"/> F14 sent
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