



FINANCIAL AID OFFICE
1000 East Victoria Street, WHB250
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today's Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents. REMINDER: When uploading your documents to the DropBox, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

Be sure to include your CSUDH student ID number on the front and back of each page submitted and allow 24-48 hours for your To Do List to be updated.

Submission Instructions

In the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid Office. Forms that are incomplete will remain on your To-Do list in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. In the signature area, type your name and in the date space type today's date.
2. Save your document. Name your document with your Initials and CSUDH ID #
3. If you have attachments, please have them ready to upload to the DropBox
4. Return to the Financial Aid Forms section to the "Submit My Documents link"
5. Once all documents have been submitted, be sure to close your browser.

Student's Name: _____

CSUDH ID#: _____



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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 Append with details 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 Append with details	Part 3 (adjust offer) <input type="checkbox"/> Offer adjusted <input type="checkbox"/> F14 sent <input type="checkbox"/> Comment code: 21EFCC Completed by: _____	PENDING: <input type="checkbox"/> Checklist: 21EFCP <input type="checkbox"/> Comment Code: 21EFCP <input type="checkbox"/> F14 sent Date: _____	NO ACTION TAKEN: <input type="checkbox"/> Checklist: 21EFCN <input type="checkbox"/> Comment Code: 21EFCN <input type="checkbox"/> F14 sent
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