



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.



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Student's Name: _____ CSUDH ID#: _____

2021-2022 Income Adjustment Appeal Form

Your 2021-2022 financial aid application reflects income information from the 2019 calendar year. If you or your family's financial situation has changed, you may request to have your financial aid eligibility re-evaluated using 2020 or 2021 income information. Please complete this form and submit the required documentation to the Financial Aid Dropbox located at: csudh.edu/financial-aid/forms/. You will be notified via your Toromail account once your appeal has been reviewed. The deadline to submit this form and all required documents is Thursday, April 22, 2022.

Tell us the Person(s) impacted by change (check all that apply): Student Spouse Parent(s)

Submit the following items:

- A typed statement that provides a detailed explanation regarding the change in income. Include the month and year the change occurred. This statement should be signed by the person impacted by the change.
- Supporting documentation specific to your situation: Examples below
 - Loss of job (*attach the following items and the required documentation indicated below*)
 - Letter from employer showing the last date worked; or
 - Copy of most recent pay check stub(s) showing year-to-date earnings; or
 - Copy of unemployment benefit letter (EDD).

 - Reduction of work hours (*attach the following items and the required documentation indicated below*)
 - Copy of most recent pay check stub showing year-to-date earnings
 - Date reduction occurred: _____ Hourly Pay Rate: _____ Current Hours Per Week: _____

 - Other circumstance(s): Please explain and attach appropriate documentation
 - For example: Divorce/Separation after filing your FAFSA or CA Dream Application.
- 2021-2022 Dependent (or) Independent Verification Form and a signed copy of the 2019 U.S. Individual Income Tax Return (Form 1040) (*if not previously submitted*).
 - Check here: If the IRS Data Retrieval Tool (DRT) was used on 2021-2022 FAFSA.*
 - If a tax return was not filed for 2019, 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.).
 - If the change occurred in 2020, submit a Signed copy of the 2020 U.S. Individual Income Tax Return (Form 1040).
 - If this form is submitted after January 1, 2022 and 2021 was the year the income was impacted submit a signed copy of 2021 U.S. Individual Income Tax Return (Form 1040).

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