



Student Financial Aid Services (SFAS)

2009–2010 Appeal for Income Reduction

Name Last First NJIT ID UCID E-mail

It appears that you or your family has special circumstances that you were not able to indicate when completing the 2009–2010 Free Application for Federal Student Aid (FAFSA). Please complete the pertinent section of this form and return it along with supporting documentation to Student Financial Aid Services (SFAS), Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982. You cannot file this form if the change occurred after December 31. A copy of the appropriate 2008 Federal Income Tax Return with all schedules must accompany this form.

If parent(s) of a dependent student or spouse of an independent student who earned money in 2008 has become unemployed, disabled, retired, or deceased, mark check box B, C, D, or E, respectively. Mark F or G for divorce/separation or loss of untaxed income. Students with loss of employment use box A.

[] A. Dependent or Independent Student (loss of full-time work)

An applicant worked full time (minimum 35 hours) for at least 30 weeks in 2008 but is no longer working full time.

Date of change in employment status Student is Unemployed? Yes [] No []
Date of unemployment Eligible for benefits? [] Yes [] No- include an explanation
Weekly amount of unemployment benefits \$
Date unemployment benefits began Date unemployment benefits end(ed)
Amount earned in 2009 prior to unemployment \$
Receiving severance pay? Yes [] No [] If yes, enter gross weekly amount \$, date severance pay began and date severance pay will terminate
Have you returned to work? [] Yes [] No If yes, enter date and gross weekly salary \$

Document all items with copies of last pay stub, unemployment benefits, letter from employer, etc..

[] B. Unemployed

Name of unemployed person
Relationship to student
Date of unemployment
Amount earned in 2009 prior to unemployment \$
Date unemployment benefits began
Date unemployment benefits ended
Weekly amount of unemployment benefits \$

Attach an explanation if not receiving benefits.

Has the person returned to work? [] Yes [] No
Date returned to work
Gross weekly salary \$
Is the person receiving severance pay? Yes [] No []
If yes, enter gross weekly amount \$

Date severance pay began
Date severance pay will terminate
Anticipated date of return to work
Anticipated gross weekly salary \$

Document all items with copies of last pay stub, unemployment benefits, letter from employer, etc.

[] C. Disabled

Name of disabled person
Relationship to student
Date of disability
Amount earned in 2009 prior to disability \$
Weekly amount of disability payments \$
Weekly amount of worker's compensation or other unemployment benefits \$

Compensation payments are [] taxable [] untaxed
Date worker's compensation /disability payments began
Is the disability permanent [] Yes [] No

If yes, indicate monthly amount of family's Social Security \$
If no, provide date of return to work and gross weekly salary \$
Date social security benefits began
Enter gross weekly amount \$

Document with copies of disability determination, copies of checks, letter from employers, etc..

D. Retired

Name of retired person _____
Date of retirement _____
Amount earned in 2009 prior to retirement _____
Date pension began _____ and monthly amount _____
This pension is taxable untaxed
Amount of family's monthly Social Security Benefits \$ _____
Date Social Security benefits began _____
(Or will begin)

Document all information with copies of checks; letter from employers, SS Adm. statements, etc.

E. Deceased

Name of deceased _____
Relationship to student _____
Date of death _____
Life insurance proceeds received or to be received _____
Amount of family's monthly Social Security benefits _____
Date Social Security benefits began _____
(Or will begin)

Provide copy of death certificate, insurance payments and SS benefits received in 2009.

F. Divorced/Separated

The applicant or the parents have divorced or separated since filing the FAFSA.

Applicant Parent
Date of divorce _____ or separation _____
Weekly amount of child support received for all children \$ _____
Weekly amount of alimony \$ _____
Date payments began _____

Document information with copy of divorce decree, copies of child support/alimony checks, letter from lawyer, etc.

G. Loss of Untaxed Income

The applicant, the applicant's spouse, or parent received untaxed income in 2008 but lost this income in 2008 or 2009.

Name of person who lost benefits _____
Type of benefits lost _____
Effective date _____
Reason benefits were terminated _____
Total amount to be received in 2009 _____

Provide letter of termination and copies of benefits amount year to date.

H. Extenuating Circumstances-----Check Appropriate

___ Loss/Reduction of Investments ___ Withdrawn of IRA/401K ___ Unexpected Expenses to Economic Cases

Please submit a statement along with documentation (bank statements, mortgage statements, receipts) to substantiate loss of income to the reason(s) checked above.

I (We) declare that the information reported on this Income Reduction Form is true, correct, and complete. I (We) authorize NJIT to release the information reported on this form to New Jersey State Government or to the U.S. Department of Education if necessary. I (We) authorize this information to be used in conjunction with the information provided on the Free Application for Federal Aid for the purpose of calculating eligibility for financial aid. I (We) agree to provide any other documentation necessary to verify information reported. I (we) am (are) attaching a signed copy of the 2008 Federal Income Tax form with all schedules & W-2 forms if not previously submitted to the Office of Student Financial Aid Services.

Date _____
Student's signature

Date _____
Student's spouse's signature

Date _____
Father's signature

Date _____
Mother's signature

Parent's email

Parent's Day Tel#