



Student Financial Aid Services (SFAS)

2010-2011 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 2010-2011 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 2009 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 2009 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 2009 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 2010 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 2010 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 2010 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 2010 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 2010.**

**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 2009 but lost this income in 2009 or 2010.

Name of person who lost benefits \_\_\_\_\_  
Type of benefits lost \_\_\_\_\_  
Effective date \_\_\_\_\_  
Reason benefits were terminated \_\_\_\_\_  
Total amount to be received in 2010 \_\_\_\_\_

**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 2009 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#** \_\_\_\_\_