

## 2023-2024 EMPLOYMENT OR INCOME STATUS APPEAL PACKET (Independent Student)

Student's Name (PRINT):	: HCCC ID	: Phone: (	) -	
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Students who believe that their base year income as reported on the Financial Aid Form does not truly reflect their current financial situation have the right to appeal that their current or projected year's income be used to determine eligibility for student loans and campus-based aid.

## **Directions**

Submitting this appeal does not guarantee approval. Incomplete appeals will be returned. Any information you reported in error on your 2023-2024 Free Application for Federal Student Aid (FAFSA) will be corrected prior to evaluation of this appeal. These error corrections may reduce your financial aid eligibility. You may only appeal your financial aid eligibility based on changes in circumstances that have reduced your ability to contribute financial support for your educational costs. Complete and submit all appeal documentation electronically to the Financial Aid Office.

## Reason for Appeal (check one)

- Significant reduction in income or loss of employment. Must be unemployed for at least 8 weeks (Enclosed documentation that provides date of termination/release and amounts of any unemployment benefits received).
- Loss of taxed or untaxed income or benefits. (Enclosed copies of termination notice from the granting agency/company, court order or document from caseworker).
- Separation, divorce or death, which took place after applying for financial aid. (Enclose copy of death certificate, legal separation papers or divorce decree or letter from your lawyer indicating the filing date of the divorce). If no legal separation exists, provide evidence of separate living accommodations such as driver's licenses, rental/lease agreements, mortgage papers or copies of utility bills for separate residences.
- O Others:

## **PROJECTED INCOME**

If income appeal is for the student, please provide students income information. Please provide an accurate estimate of all projected income for the year of \_\_\_\_\_\_. You must project: 1. Your average monthly earnings from work. 2.- Any monies to be given to you or bills to be paid for you by relatives or friends, and 3.- Any other sources of income you might receive.

PROJECTED INCOME	STUDENT	SPOUSE (IF APPLICABLE)
Wages, Salaries, Tips		
Interest & Dividend Income		
Social Security Benefits		
TANF		
Child Support		
Pension (Untaxed)		
V.A. Benefits		
Worker's Compensation		
Unemployment Benefits		
Cash Support		
Others		
TOTAL		

Please describe any NON-CASH assistance you are or will be receiving from friends and/or relatives (include names and relationships). Also, specify any loans you have obtained, personal savings amounts utilized, or proceeds from the sale of assets that you have used or will use to support yourself for the year in question:

I declare that all the information I provided on this form is true and correct.

**Student Signature** 

Date