



2019-2020 REDUCTION IN INCOME INSTRUCTIONS

You have notified Financial Aid Services that your family has experienced a reduction in income in 2017. Your family's 2017 income must be substantially less than your 2017 income in order for Office of Financial Aid Services to re-evaluate your eligibility for Federal and Institutional Student Financial Aid programs. The following information will assist you with what you need to do in order for your request to be processed.

1. **CAL GRANT** — To have your eligibility for the CAL GRANT re-evaluated, contact CSAC at 888-224-7268 or go to their website at www.csac.ca.org to download a printable form.
2. **COMPLETE THE 2019–2020 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)** and submit it to Federal Student Aid Programs for processing.
3. **COMPLETE THE 2019–2020 DEPARTMENT OF EDUCATION VERIFICATION OF ASSETS FORM.**
4. **ATTACH A SIGNED COPY OF THE 2017 FEDERAL INCOME TAX RETURN(S) AND 2017 IRS TRANSCRIPT** — student's and parents' (if parent information was required on the 2019–2020 FAFSA).
5. **COMPLETE THE 2019–2020 REDUCTION IN INCOME FORM** — The information you report on this form will be used to reconsider your eligibility for Federal Student Aid. This includes the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Work-Study, Direct Stafford Loan – both subsidized and unsubsidized, and PLUS Loan.
 - **DEPENDENT STUDENTS:** only parental income will be adjusted.
 - List the reason(s) for the change and provide estimates of your family's 2017 income.
 - Financial Aid Services will **NOT** consider the following situations for a reduction in income:
 - Reduction in overtime pay
 - Loss of employment for **DEPENDENT** students
 - Bankruptcy
 - Retirement
 - Tuition benefits paid for elementary/secondary private schooling
 - Unusual expenses related to personal living (e.g. wedding expenses, VISA/MasterCard bills, home mortgage or school loan payments, car payments, and other miscellaneous consumer item expenses)
 - Business losses in 2017 or shifts in commission sales
 - One-year bonus incomes such as lottery winnings, pension payments, legal awards, etc.
 - Stock market loss
6. Submit the completed Reduction in Income Form, Verification Form, 2017 Federal Income Tax Return(s) and all supporting documentation to the Office of Financial Aid.
7. After your Reduction in Income Form has been processed, you will be notified in writing of the outcome.



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2019–2020 REDUCTION IN INCOME FORM

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM.

Student's Name: _____ Social Security #: _____ / _____ / _____

Home Address:

_____ Street _____ City _____ State _____ ZIP

Home Telephone Number: (_____) _____

SECTION A: REASON FOR SPECIAL CONDITION REQUEST *(Check all that apply.)*

- LOSS OF EMPLOYMENT** - This person **must be out of work for at least consecutive 10 weeks in 2017**. Documentation must be provided verifying that the person's employment status has changed AND the date the person became unemployed. You must also submit:
 - A copy of your "**Notice of Final Determination**" from the unemployment office.
 - Copies of the last pay stub received from all employers for the 2017 year.

- LOSS OF UNTAXED INCOME OR BENEFIT** – An immediate member of your family has lost some type of untaxed income or benefit (Social Security, child support, etc.). Official documentation stating the date the untaxed income or benefit was terminated is required.

- DIVORCE OR SEPARATION** - Since filing the FAFSA, you/your parent has become divorced or separated. You must list the date the separation or divorce occurred AND provide two (2) official documents to confirm the address of the estranged spouse. The documents must list a street address. P.O. Boxes are not acceptable. Official documents may include a copy of a lease, utility bill, credit card bill, driver's license, etc.

- DEATH OF PARENT OR SPOUSE** - Since filing the FAFSA, your spouse/your parent has died. Please submit a copy of the Death Certificate.

SECTION B: EXPLANATION OF INCOME REDUCTION *(This section must be completed)*

Please explain your situation. **Include all relevant information and documents.** Be complete in your written explanation as it determines the processing of your reduction in income. If you need additional space, continue on a separate sheet of paper. Please print or type your remarks.

Office of Financial Aid • 15600 Mulholland Dr. • Los Angeles • California • 310-476-9777 ext. 252 Phone • 310-476-4613 Fax

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LIST THE DATE THE CHANGE IN CIRCUMSTANCE OCCURRED: ____/____/____

SECTION C: ESTIMATED INCOME INFORMATION FOR 2017

The following sections require you to provide **your expected 2018 year income**. Provide figures for the **ENTIRE YEAR**; do not put hourly wage rates. Instead, compute what you will earn for the entire 2018 year. Include all income received from January 1, 2018 until now and estimate the amounts to be received from now until December 31, 2018. After completing the appropriate income section, sign this form, attach all supporting documentation, and submit the information to our office. If any information or documents are missing or incomplete your reduction in income request will not be processed.

DO NOT LEAVE THIS SECTION BLANK. LIST THE MONTHLY AMOUNT YOU EXPECT TO RECEIVE IN 2018. IF NO INCOME IS EXPECTED TO BE RECEIVED FROM THE SPECIFIC SOURCE LISTED, YOU MUST WRITE "\$0".

TYPE OF INCOME	PARENT/STEPARENT PROJECTED 2019 INCOME	STUDENT/SPOUSE PROJECTED 2019 INCOME
Taxable Income		
Student's/Father's income from work	\$ _____	\$ _____
Spouse's/Mother's income from work	\$ _____	\$ _____
Taxable interest income	\$ _____	\$ _____
Taxable pensions/annuities	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
Alimony/Spousal Support	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Untaxed Income		
Social Security Benefits (SSI/SSDI)	\$ _____	\$ _____
Welfare Benefits or AFDC	\$ _____	\$ _____
Untaxed pensions/annuities – exclude rollovers	\$ _____	\$ _____
Worker's Compensation/Employer Disability	\$ _____	\$ _____
Child support received	\$ _____	\$ _____
IRA/KEOGH contributions	\$ _____	\$ _____
Untaxed interest income	\$ _____	\$ _____
Earned Income Credit	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Household Information		
Number in household	_____	_____
Number in college (at least 1/2 time excluding parents)	_____	_____

SECTION D: STATEMENT OF CERTIFICATION AND AUTHORIZATION

In addition to the applicant, all others whose data is included on this form must sign the appropriate line. Failure to provide the appropriate signatures will prevent processing of the form.

IF ANY OF THE FIGURES USED ON THIS FORM CHANGE, I/WE ACCEPT THE RESPONSIBILITY FOR CONTACTING THE OFFICE OF FINANCIAL AID SERVICES IN WRITING WITH THE CORRECTED INFORMATION.

Student's Signature Date Parent Signature – if student is dependent Date

OFFICE USE ONLY

Verified EFC | _____
2019 AGI | \$ _____
2019 Tax Paid | \$ _____
2019 Untaxed Income | \$ _____
Date Reviewed | ____ / ____ / ____
FA Counselor | _____

New EFC | _____
2019 AGI | \$ _____
2019 Tax Paid | \$ _____
2019 Untaxed Income | \$ _____
Approved | Yes No
Letter Sent | Yes No

Information Needed: