INCR14

2014-2015 Appeal for Income Reduction

Name_____ **MUID** _____ **E-mail** _____
Last **First**

This form is to be completed when you or your family has special circumstances affecting your income and you were not able to indicate when completing the 2014-2015 Free Application for Federal Student Aid (FAFSA). You cannot file this form if the change in income occurred after December 31, 2014. Complete the applicable reason, complete the information in Sections A and B on page 2, and attach any supporting documentation necessary. **Incomplete appeals will be returned to the student**.

1. Student must complete 2014-2015 Household Information form and Income Information form for Parent and/or Student before an Appeal for Income Reduction will be considered. Additional documents may be required to complete the verification process.

2. Please include all supporting documentation such as last pay stub; proof of unemployment benefits, insurance benefits or social security; w-2s; 1099s; letter from employer or lawyer; death certificates; divorce decree; child support or alimony checks; letter of termination; or any other documents you think will support your appeal.

3. After **November 1, 2014**, signed copies of 2014 taxes will be required.

Unemployment or Loss of Wages
Name and relationship to student:
_____
Date of unemployment or loss:
_____

Deceased
Name and relationship to student:
_____
Date of death:
_____
Life insurance proceeds received or to be received: _____

Divorced or Separated
The applicant or the parents have divorced or separated since the FAFSA was filed.

Circle one: Applicant OR Parent
Date of divorce or separation
_____

Loss of Untaxed Income
Name and relationship to student:
_____
Type of benefit lost:
_____
Effective date:
_____
Reason benefits were terminated:
_____

Disabled
Name and relationship to student:
_____
Date of disability:
_____

Retired
Name and relationship to student:
_____
Date of retirement:
_____

Complete Section A and Section B below with the expected income of ALL members of your family from January 1, 2014 to December 31, 2014, unless providing 2014 taxes. If none, must enter zeros. ***Incomplete appeals will be returned to the student.***

Section A: Total 2014 Gross Taxed Income

	Student	Spouse	Father	Mother
Wages, salaries, and tips				
Severance pay				
Pensions and annuities				
Alimony				
Unemployment compensation				
Any other taxed income				
Total 2014 Gross Taxed Income	$	$	$	$

Section B: Total 2014 Gross Untaxed Income

	Student	Spouse	Father	Mother
Payments to tax-deferred pension and savings plan				
Retirement or disability benefits				
Worker's Compensation				
Housing allowances for clergy or military				
Child support				
Social Security benefits				
Any other untaxed income				
Total 2014 Gross Untaxed Income	$	$	$	$

I (We) declare that the information reported on this Income Reduction Form is true, correct, and complete. I (We) authorize Marshall University to release the information reported on this form to the U.S. Department of Education and West Virginia Higher Education Policy Commission, if necessary. I (We) authorize this information to be used in conjunction with the information provided on the Free Application for Federal Student Aid for the purpose of calculating eligibility for financial aid. I (We) agree to provide any other documentation necessary to verify information reported.

_____Date_____ MU ID# 901-_____
Student's signature

_____Date_____ _____Date_____
Father's signature **Mother's signature**

Submit appeal to:
Office of Student Financial Assistance
Old Main 116
Marshall University
One John Marshall Drive
Huntington, WV 25755.