

You may mail this information to Shawnee State University, Financial Aid Office
940 Second Street, Portsmouth Ohio, 45662 or fax to 740.351.3435

****Applications that are incomplete or missing documentation will not be processed and returned to the student.****

You have indicated that your family's 2018 income will be significantly less than it was in 2016. Generally, Shawnee State University will consider changes in your anticipated income or expenses that affect your or your family's ability to pay for college. It is important for you to know that not all changes in circumstances will result in an adjustment to your aid eligibility. However, your request and documentation will be reviewed carefully. Please indicate with an "X" the reason for your change of income and provide the requested documentation.

Documentation of your 2018 estimated income must be provided. If you (the student) filed the Free Application for Federal Student Aid (FAFSA) as a self supporting student, you and your spouse must complete the student/spouse information. If you are a dependent student, your parent(s) must complete the parental information. Acceptable documentation would include copies of recent pay stubs, or a letter from an employer or agency.

In order to be reviewed, ALL pages of this form must be completed and documentation MUST be included. Your application will NOT be processed if you fail to submit appropriate documentation. In addition, if not already on file, you must submit signed copies of student and parent 2016 federal tax returns and W2 forms if you are a dependent student, or student and spouse signed 2016 federal tax returns and W-2 forms if you are independent.

Once your request has been evaluated, you will be notified by the Financial Aid Office.

Student's Name

Student ID

Address

Email Address

Phone Number

Reason for Change of Income

Please indicate with an "X" the reason for your change of income. Mark all that apply.

You must provide the documentation before the appeal can be processed.

- ☐ **loss of employment or change in employment status**
- ☐ **layoff**
- ☐ **plant closing**
- ☐ **termination**
- ☐ **loss of hours/overtime.**
- ☐ **other (please explain)** _____

Please provide the following documentation:

- Letters from prior employers, stating termination dates and 2018 earnings to date – on letterhead, signed and dated; AND
- Letters from any current employers, stating expected earnings for 2018 – on letterhead, signed and dated; AND
- Unemployment recap showing amount of benefits received and the expected unemployment to be received in 2018 OR notarized statement indicating no benefits received or expected to be received in 2018.
- Signed copy of 2016 federal tax return and all W-2 forms.

- ☐ **Loss of taxable income.** Provide court document(s) stating termination date of benefit and year to date amount received in 2018. Include signed copy of 2016 federal tax return and all W-2 forms.
- ☐ **Loss of untaxed income.** Provide a letter or court document stating termination date of benefits and year to date amount received in 2018. (i.e. child support received). Include 2016 federal tax return and all W-2 forms.
- ☐ **Disability.** Provide a letter from a doctor stating the disability date and prognosis for returning to work. Include a letter verifying monthly disability benefits from Social Security, Worker's Compensation, employer, or other agency. Include signed copy of 2016 federal tax return and all W-2 forms.
- ☐ **Separation or divorce after Free Application for Federal Student Aid (FAFSA) has been filed.** Provide a copy of the divorce decree or a copy of the legal separation document; a signed statement from your attorney, showing the date of separation; or separate utility bills, i.e. water, electric, gas. Include a signed copy of 2016 federal tax return and all W-2 forms.
- ☐ **Student's Marriage after FAFSA has been filed.** You must provide a copy of the marriage certificate and student and spouse's 2016 tax return and W-2 forms.
- ☐ **Death of a parent or spouse after FAFSA has been filed.** You must provide a copy of the death certificate or an obituary notice. Include 2016 federal tax return and all W-2 forms.
- ☐ **Other Unusual Expenses Paid**
 - ☐ **Medical and Dental Expenses.** You have paid medical or dental expenses for the 2016 calendar year that are not covered by insurance. You must provide a copy of Schedule A of 2016 tax returns or copies of canceled checks for 2016. Include 2016 federal tax return and all W-2 forms.
 - ☐ **Elementary and Secondary Education Paid.** You have paid for elementary, junior high, and high school tuition in the 2016 calendar year for dependents in your family. (Not to exceed \$4,000 per child). You must provide a letter from school stating amount you have paid for tuition in 2016. Parent attending college at least half-time in 2018-2019 in a program that leads to a college degree or certificate. You must provide verification of enrollment and payment. If attending Shawnee State University please list name and Student ID.

Parent's Name

Parent's ID (If SSU Student)

INCOME INFORMATION

Enter the total yearly income that you, your spouse, and/or your parent(s) expect to receive from January 1, 2018 until December 31, 2018 from the sources indicated below.

2018 Estimated Income Information		
2018 Yearly Income	Student/Spouse	Parent(s)
Wages	\$	\$
Pension	\$	\$
IRA Contributions	\$	\$
Unemployment	\$	\$
Child Support	\$	\$
Interest/Dividends	\$	\$
Social Security	\$	\$
Welfare Benefits	\$	\$
Food Stamps	\$	\$
Workers' Comp	\$	\$
Housing Allowance	\$	\$
Veteran's Benefits	\$	\$
Support from Others	\$	\$
TOTAL	\$	\$

If parent's anticipated income for 2018 falls below \$10,000 and/or student's anticipated income falls below \$5,000 please complete the expense and income chart listed below.

2018 Income			2018 Expenses		
Monthly Income	Student/Spouse	Parent(s)	Monthly Expense	Student/Spouse	Parent(s)
Gross wages	\$	\$	Mortgage or rent	\$	\$
Pension	\$	\$	Groceries/food	\$	\$
Unemployment	\$	\$	Car payment	\$	\$
Child Support	\$	\$	Gas or transportation	\$	\$
Interest/Dividends	\$	\$	Utilities	\$	\$
Social Security	\$	\$	Telephone	\$	\$
Welfare Benefits	\$	\$	Insurance	\$	\$
Food Stamps	\$	\$	Medical/dental	\$	\$
Workers' Comp	\$	\$	Charge card	\$	\$
Housing allowance	\$	\$	Personal loan	\$	\$
Veteran's benefits	\$	\$	Clothing/misc	\$	\$
Support from others	\$	\$	Other payments	\$	\$
TOTAL	\$	\$	TOTAL	\$	\$

I hereby certify that the information I have provided is true to the best of my knowledge and acknowledge that making any knowingly false statement to a public official is a crime under Ohio law subject to fines and imprisonment upon conviction. Applications missing information will not be processed.

Student's Signature

Date

Spouse's Signature (Optional)

Date

Parent's Signature (if student is dependent)

Date