



2018-19 INCOME APPEAL - STUDENT

The Cal Maritime Financial Aid Office understands that circumstances can change and impact the ability to financially support their education. Federal regulations allow Financial Aid Offices to review changes in family situations and if possible, adjust the Estimated Family Contribution (EFC).

Students may file an income appeal if their income for calendar year 2018 will be significantly less than 2016 because of unusual circumstances such as a:

- Loss of job or reduction in earned income
- Loss of income or benefit (Social Security, Disability, Unemployment etc.)
- Change in marital status
- Excessive medical bills or caregiver expenses
- Other unusual circumstances that have adversely affected family income

REQUIRED DOCUMENTATION

- A signed and dated Income Appeal Form
- A signed statement explaining the circumstances and reason for the appeal. Students should provide details regarding the change in income from the data reported on the FAFSA.
- A copy of student's 2016 Tax Return Transcript is required. Tax Return Transcripts are available at www.irs.gov/transcript generally 2-3 weeks after electronic filing and 8-10 weeks after paper filing. If the student previously submitted a 2016 IRS tax transcript or if they have successfully used the IRS Data Retrieval Tool when completing the FAFSA, there is no need to resubmit proof of 2016 income.
- Copies of all 2016 W-2 wage statements (if applicable).
- If the reduction of income is a result of a loss or change in employment, please indicate the date in which employment changed: _____(mm/dd/yy).
- If the reduction of income is a result of loss of employment, a copy of the statement from the Employment Development Department (EDD) showing the maximum unemployment available for the unemployed student/spouse. Provide the start date and ending date for benefits if not supplied in the EDD document. If the unemployed student/spouse did not receive unemployment, explain why in the written statement. If the student/spouse was denied unemployment benefits, submit the letter of ineligibility from EDD.
- If the reduction of income is a result of a change in marital status, please indicate the date for which the marital status changed: _____(mm/dd/yy).

**Return this form and documentation to the Cal Maritime Financial Aid Office.
We do not accept forms by email.**



STUDENT NAME _____

STUDENT ID # _____

Income considered for this appeal must be documented and/or projected for calendar year 2018 (January 1, 2018 to December 31, 2018).

ESTIMATED INCOME FOR 2018 CALENDAR YEAR	
ESTIMATED Income / Resources	ESTIMATED Annual Amount January 2018 – December 2018
Student - Gross Wages	\$
Spouse- Gross Wages	\$
Unemployment Benefits	\$
Interest/dividend income	\$
Alimony/Spousal support received	\$
Worker’s compensation/disability benefits	\$
Untaxed social security benefits	\$
Child support received	\$
Housing, food, and living allowances from your employer (military, clergy, other)	\$
Subsidized housing benefits	\$
Veteran’s non-education benefits (include only disability, death pension, and DIC)	\$
Cash support & gifts, or money paid on your behalf	\$
Other (Specify):	\$
TOTAL 2018 ESTIMATED INCOME & RESOURCES	\$

STUDENT CERTIFICATION

I certify that that all reported information is complete and accurate to the best of my knowledge. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature _____ Date _____

Student Phone # _____ Email _____

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