

**Special Consideration for Reduction in Income
2011 – 2012 Academic Year**

Important Information

- 1. These requests will only be accepted Mar-Jun 2011, October-November 2011 and February-March 2012.**
- 2. The request will not be considered if all supporting documentation is not attached.**

Name _____ APSU Student ID#A _____

Address _____ City/State/Zip _____

Daytime Phone # _____

- Loss of Employment/Income** – To qualify under this criterion, documentation must be provided verifying that the person’s employment status has changed and there has been a drop in income from the calendar year used when completing the FAFSA.

Required Documents:

- Documentation of Unemployment benefits or non-benefits. (**If unmarried and Independent, only provide this as documentation**)
- Letter from all 2011 previous employers on company letterhead stating last date of employment and year to date earnings. (If military, DD214 required).
- Last pay stub(s) – If Independent: Student & Spouse – If Dependent: Student & Parent(s) from all jobs.
- Documentation of any other 2011 expected income
- Military leave and earnings statement (LES)

When change occurred _____ Why change occurred _____

- Divorce or Separation** – Since filing the FAFSA, you/your parent has become divorced or separated.

Required Documents:

- Proof of separation, separation agreement, lease agreement, or letter from attorney, Pastor, Commanding Officer or other professional advisor.
- Divorce decree
- Child Support statement if different from divorce decree
- Most recent current year tax return
- Most recent pay stub(s) – If Independent: Student & Spouse – If Dependent: Student & Custodial Parent(s)

When change occurred _____ Why change occurred _____

- Death of Parent or Spouse** – Since filing the FAFSA, your spouse/your parent has died.

Required Documents:

- Death Certificate
- Insurance Benefits Statement
- Document family income
- Social Security official benefit statement (1099 form)

When change occurred _____ Why change occurred _____

Attach a separate sheet to include additional details you feel would support this request. Other documentation may be requested once your initial request is reviewed. Be prepared to furnish any other items needed within two weeks of request.

SECTION B: ESTIMATED INCOME INFORMATION FOR 2011

The following sections require you to provide **your expected 2011-year income**. Provide figures for the ENTIRE YEAR:

do not put hourly wage rates. Instead, compute what you will earn for the entire 2011 year. Include all income received from January 1, 2011 until now and estimate the amounts to be received from now until December 31, 2011. After completing the appropriate income section, sign this form, attach all supporting documentation, and bring the information to your appointment. If any information or documents are missing or incomplete, your reduction in income request will not be considered.

| <u>Type of Income</u> | <u>Parent/Step-parent Projected 2011 Income</u> | <u>Student/Spouse Projected 2011 Income</u> |
|---|---|---|
| Income from work | \$ _____ (Father) | \$ _____ (Student) |
| Income from work | \$ _____ (Mother) | \$ _____ (Spouse) |
| Taxable interest income | \$ _____ | \$ _____ |
| Taxable pensions/annuities | \$ _____ | \$ _____ |
| Severance Pay | \$ _____ | \$ _____ |
| Alimony/Spousal Support | \$ _____ | \$ _____ |
| Other _____ | \$ _____ | \$ _____ |
| <u>Untaxed Income</u> | | |
| Military BAS | \$ _____ | \$ _____ |
| 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 | \$ _____ | \$ _____ |
| Earned Income Credit | \$ _____ | \$ _____ |
| Clergy and Housing | \$ _____ | \$ _____ |
| Other _____ | \$ _____ | \$ _____ |
| Number in household | _____ | _____ |
| Number in college (at least ½ time excluding parents) | _____ | _____ |
| <u>Other</u> | | |
| Child Support paid | \$ _____ | \$ _____ |

By signing below I understand my financial aid will be terminated if I fail to submit requested documents or knowingly provide false information on any financial aid documents required by Austin Peay State University. Aid awarded on the basis of false information will be billed to me. False or fraudulent information may be reported to the Federal Office of the Inspector General and/or the University Dean of Students. 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 consideration of this request.

If any of this information changes, I/we accept the responsibility for contacting the Office of Student Financial Aid & Veterans Affairs in writing with the corrected information.

Student Signature

Date

Parent Signature

Date

(Required for dependent students)



Office of Student Financial Aid & Veterans Affairs

Ellington 216

P.O. Box 4546 * Clarksville, TN 37044

Telephone (931)221-7907 * Fax (931)221-6329 * Toll Free 1-(877) 508-0057

<http://www.apsu.edu/financialaid/>

Email: sfao@apsu.edu

For Office Use Only!

| Original EFC | | | New EFC | | | Comments |
|---------------------|----|----|---------------------|--|----|----------|
| 2010 AGI | \$ | \$ | 2011 AGI | \$ | \$ | |
| 2010 Taxes Paid | \$ | \$ | 2011 Tax Paid | \$ | \$ | |
| 2010 Untaxed Income | \$ | \$ | 2011 Untaxed Income | \$ | \$ | |
| Date Reviewed | | | Approved | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Counselor | | | Letter/E-mail Sent | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |