



East Georgia State College

Office of Student Affairs
131 College Circle
Swainsboro, Georgia 30401-2699
Phone: (478) 289-2169 /Fax: (478) 289-2353
Document Submission: documents@ega.edu

EGSC Income Adjustment Request Form

Please **Type** or **Write** clearly.

Student Information:

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Social Security Number	EGSC - Student ID	Date of Birth

According to federal laws and regulations, a family's previous year's income is used to determine financial need for the current Financial Aid Award Year. If a family's current income has been reduced due to special circumstances beyond their control, the Director of Financial Aid may be able to use the family's current income to determine financial need. Please provide information regarding your reduction in income for the current award year by completing this form.

Important: Please note that all documentation must be complete at the time of submission!

Section A: Reason for Income Adjustment:

1. **Involuntary loss of employment (termination, lay off, etc.)**

Student Spouse Father Mother (check all that applies)

2. **Reduction or loss of untaxed income or benefits (Unemployment Compensation, Social Security, AFDC, etc.)**

Student Spouse Father Mother (check all that applies)

Specify source of reduction or loss of income: _____

3. **Death**

Spouse Father Mother (check all that applies)

4. **Extraordinary medical expenses not paid by insurance**

Student Spouse Father Mother (check all that applies)

Dollar Amount of Medical Expenses not covered by Insurance: \$ _____

Section B: Required Documentation:

- Statement from Student explaining circumstances in detail
- V1 Dependent or Independent Verification Worksheet (whichever applicable)
- Federal Tax Return Signed and W2 Forms for Student / (Spouse – if married)
- Federal Tax Return Signed and w2 Forms for Parent(s) / (Step-Parent) - Dependent Student Only
- Unemployment Compensation Letter
- Most recent Pay Stub from Current/Previous Employer(s)
- Final Pay Stub from Previous Employer
- Letter of Termination and/or Lay-off
- Workers Compensation Statement
- Disability Notice
- Statement from the Agency (Unemployment Office, Social Security Administration, and/or AFDC) reducing/canceling the total amount of benefits received
- Copy of Divorce Decree
- Copy of Death Certificate
- Copy of Medical Bills and Payment Receipts

“East Georgia State College is an affirmative action, equal opportunity education institution. Admissions, treatment, and employment at the college are not influenced by race, sex, color, religion, national origin, age, veteran status, or handicap.”

Based on the information you provided:

- Please report all income you have **actually received** from January 1st through today.
- Please estimate all income you **expect to receive** through December 31st.

	<u>Student</u>	<u>Parent/Spouse</u>
Gross Income from January 1 st to Present:	\$	\$
Expected Income from Present to December 31 st :	\$	\$
Other Income Received , such as Unemployment, Disability, Severance, etc. from January 1 st to Present:	\$	\$
Other Income Expected , such as Unemployment, Disability, Severance, etc. from Present to December 31 st :	\$	\$

Section C: Student Verification

All of the information on this form and on the attached documentation is true and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of information that I have indicated on this form. I realize that if I do not give proof when asked, or if I provide information in the future years that invalidates this information, further eligibility for financial aid may be revoked.

Student Signature

Date

Parent Signature

Date

FOR OFFICE USE ONLY

Corrections Being Made to ISIR:

Item #	Information from ISIR	Adjusted Information

- Approved** – Based on documentation submitted by the student/parent(s), changes have been made to student’s application. Student has been sent a formal notification letter/email regarding this decision.
- Denied** – Based on documentation submitted by the student/parent(s), a request for an income adjustment override was denied. Student has been sent a formal notification letter/email regarding this decision. Reasons: