



FINANCIAL AID

Parent Loss of Income Review

Academic Year

2015-2016

If you need assistance with completing this form, please contact our office at 855-622-2332 or email financialaid@cgcc.edu

Last Name	First Name	Middle I.	CGCC ID
Local Street Address	City	State	Zip Code
		Daytime Phone Number	

This form will not be processed until your financial aid file is complete and you have been awarded financial aid.
Families with a zero Expected Family Contribution (EFC) – do not need to submit this form as your EFC cannot be reduced further.

INSTRUCTIONS

1. **This form will not be processed if any items are left blank or illegible;** write "0" for items that do not apply.
2. Use blue or black ink only. Please type or print clearly.
3. Attach all required and relevant documentation to this form.
4. If clarification of your situation is necessary, additional information or documentation may be required.
5. **Submit this form by** fax to 480-857-5205, mail to Financial Aid Coyote Center 2626 East Pecos Road Chandler AZ, 85225 or **in person to any of the** Financial Aid office locations.

Please Note: Changes resulting from this review **do not** guarantee an increase in your aid since a loss of income may have little or no effect on your financial aid eligibility. If you have significantly underestimated your income on a prior year's review, CGCC Financial Aid may wait until the end of the 2015 calendar year to consider the reduction of income reported on this form.

SECTION A: REASON FOR REVIEW

Please check the reasons for this review and provide the documentation required for each reason. If you have extenuating circumstances that are not listed below, you are encouraged to contact the Financial Aid office and a Financial Aid officer can assess your situation and determine if it warrants a review of the original FAFSA information and/or your offered awards.

<input type="checkbox"/>	Reduction of Income or Benefits (including dislocated workers or displaced homemaker) Only income reductions of a significant amount may affect the aid offer. Significant reductions are typically 25% or more of total income with a duration minimum of 8 weeks. <ol style="list-style-type: none"> 1. Attach a copy of your last pay stub. 2. Attach a detailed letter of explanation concerning your loss of income to include all of the items below: <ol style="list-style-type: none"> a. Your current or prior employer's name, address and phone number b. The date your income was reduced c. Indicate whether or not you are entitled to unemployment benefits and/or severance pay and the amounts
<input type="checkbox"/>	Divorce or Separation (including displaced homemaker) <ol style="list-style-type: none"> 1. Attach a copy of your divorce decree or separation agreements. If you do not have a separation agreement, attach a notarized statement indicating separation date. 2. Attach proof of your income with your- last paystub and your 2014 tax year W-2's 3. Attach a detailed letter of explanation concerning all of the items below: <ol style="list-style-type: none"> a. A list of current household members, their relationship to you and their age b. Assets assigned to you c. Any settlements, including alimony or child support d. Date of separation
<input type="checkbox"/>	Death of Spouse <ol style="list-style-type: none"> 1. Attach a copy of your spouse's death certificate. 2. Attach a letter of explanation concerning all of the items below: <ol style="list-style-type: none"> a. The date of your spouse's death b. Expected survivor benefits, including life insurance
<input type="checkbox"/>	Loss of Child Support <ol style="list-style-type: none"> 1. Attach a detailed letter of explanation concerning the loss of child support. 2. Attach a copy of the court documentation of your loss of child support that includes date of last payment.
<input type="checkbox"/>	Loss of one time income (A loss of one-time income is income that will not be repeated the following calendar year. Examples include 401K or retirement funds received early) <ol style="list-style-type: none"> 1. Attach a detailed letter of explanation concerning all the items below: <ol style="list-style-type: none"> a. Type of income received b. How income was spent c. Why income cannot be used for education expenses 2. Attach supporting documentation to support the loss of one-time income (i.e. bank statements, paid receipts, etc.)

More options on page 2.

Last Name	First Name	Middle I.	CGCC ID
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SECTION A: REASON FOR REVIEW (CONT.)

<input type="checkbox"/> Extended Family Support (May be allowed if you financially contribute to relatives not counted as members of your household on the FAFSA) 1. Attach supporting documentation of payments (e.g., receipts, cancelled checks, etc.). 2. Attach a detailed letter of explanation concerning all items below: <ol style="list-style-type: none"> Name, age and relationship of relative(s) Month and year support began and expected date support will end Dollar amount of monthly support paid by you Reason for the support
<input type="checkbox"/> Parent Education Expenses or Private School Tuition Expenses 1. Attach documentation of payment. 2. Attach a detailed letter of explanation concerning all the items below: <ol style="list-style-type: none"> Name and age of the dependent attending Dates of attendance Name of the school
<input type="checkbox"/> Healthcare (Medical expenses may be allowed if required for treatment rather than elective care and documented by a physician.) 1. Attach documentation that verifies if payments are on monthly payment plans 2. Attach receipts for all expenses paid (do not submit unpaid bills). 3. Attach a detailed letter of explanation concerning all the items below: <ol style="list-style-type: none"> Itemized list of healthcare expenses paid this calendar year If payments are on monthly payment plans, include duration of payments and amounts If you are qualified for reduction/forgiveness of any of these payments

SECTION B: ANTICIPATED ANNUAL INCOME

For each income type, anticipate the amount you plan to receive **for the entire 2015 calendar year** (January 2015 – December 2015).

Income Type	Parent 1	Parent 2
Gross income from work	\$	\$
Unemployment benefits and/or severance pay	\$	\$
Alimony received	\$	\$
Child Support received	\$	\$
Interest and dividends	\$	\$
Net amount received from withdrawal from pensions or annuities	\$	\$
Taxable Social Security benefits	\$	\$

SECTION C: CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature				Date form was signed	
Parent's Full Name			Email Address		
Local Street Address	City	State	Zip Code	Daytime Phone Number	
Parent's Signature (must be notarized)				Date form was signed	
Notary Public Signature Required					
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>					
Notary Public					