

| STUDENT NAME |  |
|--------------|--|
|              |  |
| STUDENT ID # |  |

#### 2013-2014 INCOME APPEAL - STUDENT

The Cal Maritime Financial Aid Office understands that circumstances can change and impact the ability of students 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). At Cal Maritime we will accept income appeals for the following circumstances:

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

Income Appeals should be submitted as soon as possible after the change in income/circumstance can be documented. Please allow up to 3 weeks for our staff to complete the review process.

When considering appeals, we may need to verify the data initially provided on the FAFSA. If you have not submitted the appropriate verification documents, you may be asked to provide additional information before your appeal will be considered.

To appeal, you must complete **ALL PAGES** of this form. Submit the form and your supporting documentation to the Financial Aid Office.

## LOSS OF INCOME/LOSS OF BENEFIT DOCUMENTATION

- 1. A signed, written statement from you, the student, explaining the circumstances of the loss of income or benefit. Provide details regarding the change in income from the data reported on the FAFSA. Also indicate all sources of income and benefits for 2013.
- 2. If the income is due to loss of employment, provide a letter from the employer indicating the last date of employment. A letter of termination from the employer meets this requirement **AND** 
  - a. A copy of the final pay stub reflecting year-to-date income AND
  - b. A copy of the statement from the Employment Development Department (EDD) showing the maximum unemployment benefits for 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.
- 3. If the loss in income is a reduction in hours/wages, provide your three most recent pay stubs and explain the change in hours/wages in the written statement.
- 4. If the income change is due to loss of benefit, provide a statement from the provider indicating a loss of benefit, final payment information and year-to-date payments.
- 5. If you (or your spouse) will not work during 2013, provide an explanation in the written statement.



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# PROJECTED INCOME/BENEFITS FOR 2013 CALENDAR YEAR

| RECIPIENT - TYPE                                   | ACTUAL income from January 1, 2013 to TODAY | PROJECTED income from TODAY to 12/31/13. | TOTAL 2013 INCOME |
|----------------------------------------------------|---------------------------------------------|------------------------------------------|-------------------|
| Student Gross Wages                                |                                             |                                          |                   |
| Spouse Gross Wages                                 |                                             |                                          |                   |
| Other income: rental, unemployment, etc.           |                                             |                                          |                   |
| Untaxed Income : child support, IRA payments, etc. |                                             |                                          |                   |
| Untaxed Income: disability etc.                    |                                             |                                          |                   |

## **EXCESSIVE MEDICAL BILLS/CAREGIVER EXPENSES DOCUMENTATION**

I have incurred unusually high "out-of-pocket" (unreimbursed) medical and/or dental expenses in 2012 or 2013. Provide copies of unreimbursed expenses such as billing statements reflecting payments and cancelled checks. If expenses are on-going, provide copies of contracts for care and expenses.

### **CERTIFICATION SECTION**

I certify that the information contained in this Estimated Year Income Appeal and any supporting documentation or statements are true and complete to the best of my knowledge. I will provide additional information as requested by the Financial Aid Office. I understand any false information will be cause for denial, reduction, and/or repayment of student financial aid.

| Student's Signature    | Date                |
|------------------------|---------------------|
|                        |                     |
| Student E-Mail Address | Daytime Telephone # |

Return this form and documentation to Cal Maritime's Financial Aid Office. We do not accept forms via email.