

INCOME CHANGE FORM

Student Name: _____ Student ID #: _____

YOU MUST ATTACH A SIGNED COPY OF THE PREVIOUS YEAR'S FEDERAL TAX RETURN FOR THE PERSON WHOSE INCOME IS CHANGING.

Students and/or their families who are experiencing any type of change in their income, family size or other forms of economic hardship may appeal their awards. They will need to complete all the requested information on both pages of this form and mail or fax the signed form to the Financial Aid Office at Alfred State College as soon as possible.

DATE OF INCOME CHANGE: _____

SECTION I

Please tell us whose income will be lower in the year you listed above (check all that apply)

Student
 Mother/Stepmother
 Spouse
 Father/Stepfather

Please indicate the reason(s) for the lower income and date the change occurred

Unemployment
 Change in employment/salary
 Divorce/Separation
 Disability
 Death of parent or spouse *
 One-time income gain (i.e., inheritance, overtime, back-pay, etc.) *
 Other extenuating circumstances *

* please refer to reverse side for further instructions.

Complete all sections below that apply to the EXPECTED INCOME:

CALENDAR YEAR: _____	Student / Spouse Information	Parent / Stepparent Information
Earned Income	Student: \$	Father: \$
	Spouse: \$	Mother: \$
Unemployment Compensation		
Other income (ex: pensions, Social Security, child support, disability, etc.)		
Other expected income (must provide source)		
TOTAL INCOME		

CONTINUED ON NEXT PAGE

SECTION II

1. Extenuating circumstances, which will affect the family's ability to contribute, may also be considered. Additional documentation may be requested. Please contact the Financial Aid Office for more information.
2. In the case of separation/divorce, only provide information for student and the parent with whom the student resides. You may be asked to provide proof of separate residences along with income documentation. In the case of death, only provide information for the student and surviving parent.
3. In the case of a one-time payment, identify the source of the payment/income and provide information on how the funds were used.

SECTION III

Please use this section to provide explanations or additional information regarding your income change. *(You may attach additional sheets for explanation, if necessary).*

SECTION IV ***Signatures Required***
(For dependent students - Both student and parent must sign.)

If any additional information is needed, the Financial Aid Office will contact you.

Student Signature

Parent or Spouse Signature

Date

Student Records and Financial Services Office
Alfred State College
Alfred, New York 14802
1-800-4-ALFRED (option #2) Fax: 1-607-587-4298