

2018 - 2019 Income Adjustment Request

Student Name	Phone # (Include Area Code)	SCC 7 Digit Student ID#
entitled to a review of your situation to complete this form and return it to the	een a significant change in your househ o see if it warrants an adjustment. For su e SCC Financial Aid Office. If you have an 1.339.4224. All decisions by SCC are fina	ch a review to take place you must y questions about the process, you
2019 aid eligibility. Please provide a cor D of this form as appropriate f	ur 2016 tax return data is not a legitimat complete description of your situation or your circumstance, answering eachested at the end of that section. Finance 12 months on page 4.	n. Then complete section A, B, C ch question in that section and

Please complete one of the four sections (A-D) that best applies to your situation.

rtarric	of person who was employed
Relatio	onship to student
Name	of employer
Date l	ast worked and reason for job loss
Qualif	y for unemployment?
	If so, what is gross amount of benefits per week _\$
	Beginning and ending dates of benefits
Eligibl	e for any government/retraining benefits?
	If yes, list benefits
Will uı	nemployed person be looking for other work in the next 12 months?
	If yes, what are expected earnings per month? _\$
	2017 Signed Federal Tax Transcript and W-2's 2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached) tion in income/hours worked—currently underemployed
Reduc	2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached)
Reduc Name	2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached) tion in income/hours worked—currently underemployed
Reduc Name Relatio	2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached) tion in income/hours worked—currently underemployed of person who is underemployed
Reduc Name Relatio	2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached) tion in income/hours worked—currently underemployed of person who is underemployed onship to student
Reduc Name Relatio Name	2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached) tion in income/hours worked—currently underemployed of person who is underemployed onship to student of employer (Include former and new employer names, if applicable)
Reduce Name Relation Name Date of	2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached) tion in income/hours worked—currently underemployed of person who is underemployed onship to student of employer (Include former and new employer names, if applicable) of change and reason for reduction
Reduce Name Relation Name Date of Forme New g	2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached) tion in income/hours worked—currently underemployed of person who is underemployed onship to student f change and reason for reduction r gross income level \$ /wk or\$ /mo
Reduce Name Relation Name Date of Forme	2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached) tion in income/hours worked—currently underemployed of person who is underemployed onship to student of employer (Include former and new employer names, if applicable) of change and reason for reduction r gross income level \$ /wk or \$ /mo ross income level \$ /wk or \$ /mo

One time Income/Gains
What amount was a one-time distribution in 2016? _\$
What was the source/reason for these funds?
How were these funds used/spent? Provide a complete accounting of the expenditures.
De suite d'On summentation
<u>Required Documentation:</u> Documentation of distribution payment (such as 1099-R)
2016 Signed Federal Tax Transcript and W-2's (if you did not use IRS Data Retrieval on FAFSA
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2018 - 2019 Household Size Form (attached) 2018 - 2019 Asset Information Form (attached)
2010 2013 / BSet Illion Hatton Form (actached)
<u>Unusual Medical expenses</u>
Name of person incurring medical expenses
Relationship to student
Nature of illness
Total amount paid in 2016 \$
(Include only amounts for medical expenses paid by cash, check or credit card. Do not include amounts paid
insurance or balances still owed to medical providers.)
Required Documentation:
Documents showing patient's name and medical diagnosis Itemized listing of total amount paid, including payment documentation
2016 Signed Federal Tax Transcript and W-2's (if you did not use IRS Data Retrieval on FAFSA
2017 Signed Federal Tax Transcript and W-2's
2018 - 2019 Household Size Form (attached)
2018 - 2019 Asset Information Form (attached)

This page must be completed by all applicants. Please provide the following estimates for your household for the next 12 months starting now.

Sources of Income	Annual Gross Amount—Next 12 Months
Employment—Student (include self-employed)	\$
Employment—Spouse	\$
Employment—Parent(s) (if dependent student)	\$
Unemployment Benefits	\$
Disability Income or Social Security	\$
Child Support	\$
Other (list)	\$
	\$
	\$
	\$

SIGNATURES

I certify that all information provided to the SCC Financial Aid Office is true and accurate.		
Student Signature	Date	
Parent Signature (if required)	Date	

Financial Aid Office

2018 - 2019 Household Size/Number in College Form

Your application has been selected for review in a process called **verification**. In this process, we will compare the information from your FAFSA application with the information provided on this form, and with any other required documents. By law, we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and the documents you provide, we will submit corrections to the federal processor. Return your verification documents as soon as possible, in order for your file to be ready to review for eligible awards.

STUDENT INFORMATION:

Parent Signature (If a student is dependent, they must include a parent

whose information was reported on the FAFSA.)

Last Name	F	irst Name	SCC 7 Digit Student ID #
Phone # (Include Area Code)			Email Address
		HOUSEHOL	D INFORMATION
If you are a dependent stud Yourself Your parent(s) used or don't live with your parent(s)' other ca) your parent(s) will pully 1, 2018 through Juby 1, 2018 through Juby 1 the children would I filing a FAFSA for 2018 Other people, only if the your parents will continued by June 30, 2019 Don't list your parents in college	r FAFSA, (include rents children if: provide more than ine 30, 2019, or be required to pro 3-19 hey now live in you	n half of their support ovide parental inform our parents' househo ore than half of their	 Your children or your spouse's children, if you or your spouse will provide more than half of their support from July 1, 2018 through June 30, 2019, even if the children do not live with you Other people, only if they live in your household and you provide more than half of their support and will continue to do so through June 30, 2019
Full Name	Age	Relationship	Name of College and Degree Program (If enrolled during 2018-2019 year and at least half-time student)
		Self	SCC/
		Attach additio	l onal page if necessary
CERTIFICATION: <i>Plea</i> By signing this worksheet, I certify information, you may be fined, be	y all the informa	<i>'e.</i> ation reported is cor	mplete and correct. Warning: If you purposely give false or misleading
Student Signature			Date

Parent Name (Please Print)





2018 - 2019 Asset Information Form

(Income Adjustment Version)

Student Name	Phone #	SCC Student 7 Digit ID#

	Student's Balance	Parents' Balance
As of today , what is your (and spouse's) total current balance of cash, savings, and checking accounts? Do not include student financial aid.		Include parents' amounts below if the information was required on your FAFSA.
As of today , what is your parents' total current balance of cash, savings, and checking accounts? Do not include student financial aid.	×	
As of today, what is the net worth of your (and spouse's) investments, including real estate (not your home)? Net worth means current value minus debt.		×
As of today, what is the net worth of your parents' investments, including real estate (not their home)? Net worth means current value minus debt.	×	

Notes:

- Investments include real estate (do not include the home you live in), trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, Coverdell savings accounts, 529 college savings plans, the refund value of 529 state prepaid tuition plans, installment and land sale contracts (including mortgages held), commodities, etc. Investment value means the current balance or market value of these investments as of the day you filed your FAFSA.
- Investment debts mean only those debts that are related to the investments.
- Investments do not include the home you live in, the value of life insurance, retirement plans (pension funds, annuities, non-education IRAs, Keogh plans, etc.) or cash, savings, and checking accounts already reported above.
- Students who must report parental information on their FAFSA should report all qualified educational benefits
 or education savings accounts owned by parents-including Coverdell savings accounts, 529 college savings
 plans and the refund value of 529 state prepaid tuition plans. If the account is owned by a student (or the
 student's spouse) who is not reporting parental information, the value is to be reported as an investment.
- If net worth is one million dollars or more, enter \$999,999. If net worth is negative, enter 0.

Continued on reverse side ♥

	Student's Balance	Parents' Balance
As of today, what is the net worth of your (and spouse's) current businesses and/or investment farms? For a family farm, see notes.		×
As of today , what is the net worth of your parents' current businesses and/or investment farms? For a family farm, see notes.	×	

Notes:

- Business and/or investment farm value includes the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral.
- Do not include the value of a family farm that you (your spouse or your parents) live on and operate.
- <u>Do not include</u> the value of a small business that you (your spouse or your parents) own and control that have 100 or fewer full-time equivalent employees.

Student Signature	Date
Parent Signature (if required)	Date