# INCOME REDUCTION APPEAL FORM

## 2014-2015

Print Your Name _____ CCCC ID # _____

Email Address _____ Phone _____

Print Your Name _____ CCCC ID # _____

Complete this form if you or your family has experienced a significant income reduction in 2014.

If you have other extraordinary financial circumstances that you would like considered, please attach a written explanation with supporting documentation.

The College's Financial Aid Office will try to review your appeal within 2 weeks in most cases. During peak processing times, there may be a delay. If approved, the Financial Aid Office will send an updated award letter indicating new financial aid amounts.

## A. EXPLANATION FOR INCOME REDUCTION

If you were required to provide parental income information on your FAFSA, you must provide their information on this form. If you are married, you must include your spouse's information.

Provide a detailed explanation for the reduction in your income. Include dates to indicate when your income or benefit amounts changed.

_____

_____

_____

_____

_____

## B. DOCUMENTATION FOR 2014 INCOME

- ❒ Attach the most recent pay stub for every job worked in 2014. It must include gross (pre-tax) year to date earnings.
- ❒ If receiving unemployment, attach a copy of the benefit calculation letter or a statement of your unemployment benefit payments – available on-line or at Career Opportunities.
- ❒ Document any other benefits or untaxed income received in 2014.
- ❒ Complete Section C on side 2.
- ❒ If you are completing this form in January 2015, provide copies of 2014 W-2 forms.
  If submitted after January 2015, include a copy of the 2014 Federal Tax Return Transcript..

**REMEMBER TO COMPLETE SIDE 2**

## C. ACTUAL 2014 INCOME (January 2014 – Present)

- List year-to-date, pre-tax amounts for the categories below. Enter $0 if appropriate.
- If you provided parent information on the FAFSA, complete the parent columns.
- If you are married (not separated), provide your spouse's information.

Actual income and benefits received from 1/1/14 through today's date of _____.

| | Student | Spouse | Parent(s) |
|---|---|---|---|
| Wages, tips, and other income from work | | | |
| Employer: _____ | _____ | _____ | _____ |
| Employer: _____ | _____ | _____ | _____ |
| Employer: _____ | _____ | _____ | _____ |
| Unemployment benefits | _____ | _____ | _____ |
| Other income (alimony, business, rental, etc.) | _____ | _____ | _____ |
| Social security and/or disability benefits | _____ | _____ | _____ |
| Child support payments received | _____ | _____ | _____ |
| Workers Compensation | _____ | _____ | _____ |
| Other untaxed income or benefits | _____ | _____ | _____ |

## D. ESTIMATES FOR 2014 INCOME (Today through – December 2014)

Estimate your income and benefits from today's date of _____ through 12/31/14.

| | Student | Spouse | Parent(s) |
|---|---|---|---|
| Wages, tips, and other income from work | | | |
| Employer: _____ | _____ | _____ | _____ |
| Employer: _____ | _____ | _____ | _____ |
| Employer: _____ | _____ | _____ | _____ |
| Unemployment benefits | _____ | _____ | _____ |
| Other income (alimony, business, rental, etc.) | _____ | _____ | _____ |
| Social security and/or disability benefits | _____ | _____ | _____ |
| Child support payments received | _____ | _____ | _____ |
| Workers Compensation | _____ | _____ | _____ |
| Other untaxed income or benefits | _____ | _____ | _____ |

## E. SIGNATURES

The information I have provided on this appeal form is complete and correct to the best of my knowledge. I have attached documentation to support the appeal. If I subsequently realize that these estimates are significantly different from the actual amounts, I will update the Financial Aid Office.

Student Signature _____ Date _____

Parent Signature (if parent information listed) _____

***Return completed form and supporting documentation to:***

Cape Cod Community College
Financial Aid Office
2240 Iyannough Road
West Barnstable, MA 02668
Phone: (508) 362-2131, Ext. 4393
Fax: (508)375-4026
finaid@capecod.edu

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