



2020-2021 INCOME REDUCTION APPEAL FORM

Students Full Name _____ CCCC ID# _____

You completed the FAFSA using 2018 household income and benefits. If you have experienced a significant reduction in household income during 2019 or 2020, complete this form. The Financial Aid Office staff will use professional judgement to review this information and determine if an exception can be made to the federal student aid requirements.

- Complete either Section A for **2019** income OR Section B for **2020** income.
- Sign Section C.
- In most cases, the Financial Aid Office reviews appeals within two weeks.

Section A: 2019 Income Reduction

1. Provide a detailed explanation why your **2019** household income changed significantly from 2018.

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2. Indicate whose **2019** income changed compared to 2018:

Student _____ Spouse _____ Parent _____

3. Attach all of the following documentation to verify **2019** Income:

- 2019 IRS Federal Tax Return (if married and not a joint tax return, also provide spouse's)
- 2019 W-2 wage statements
- 2019 Form 1099-G annual Unemployment Benefits (if benefits received)

Other 2019 income documentation (specify): _____

4. Skip to Section C to provide signature.

Section B: 2020 Income Reduction

1. Provide a detailed explanation why your **2020** income changed significantly from 2018:

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2. Indicate whose 2020 income changed compared to 2018:

Student _____ Spouse _____ Parent _____

3. Attach all of the following documentation to verify **2020** income:
- Most recent paystub with Year to Date earnings (all employers)
 - Unemployment Benefits statement (if receiving benefits)
 - Other 2020 income documentation (specify): _____
 - If completing after January 31, 2020: 2019 W-2 Wage Statements

4. Estimate **2020** household income (enter \$0 if not applicable).

January 1, 2020 through Today (Actual Year to Date):

| Wages from all jobs (before taxes): | Student | Spouse | Parent (if included on FAFSA) |
|-------------------------------------|----------|----------|-------------------------------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| Unemployment benefits: | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| Child Support/Other Income | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Today until December 31, 2020 (Estimate for Remainder of Year):

| Wages from all jobs (before taxes): | Student | Spouse | Parent (if included on FAFSA) |
|-------------------------------------|----------|----------|-------------------------------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| Unemployment benefits: | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| Child Support/Other Income | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Section C: Signature and Affirmation

The information provided in this appeal is complete and accurate to the best of my ability. I understand I may need to provide further documentation to verify estimated income figures.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Required if parent income included on this form)

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