2014-2015 REDUCED INCOME FORM

Student Name: _____________________  LHU ID# __________________

Instructions:

- Before submitting this form to the Financial Aid Office, you must have previously filed a 2014-2015 Free Application for Federal Student Aid (FAFSA).
- Using the information requested on this form, we will reevaluate the student’s eligibility for Federal Student Aid, such as the Pell Grant, Federal Perkins and Direct Subsidized Stafford Loan programs.
- Processing of this form may take up to four weeks after receipt. If the form is incomplete or unclear, processing will be delayed. Requests for additional information may occur upon review and should be responded to promptly.
- Supporting documentation must be submitted with the form for evaluation. The required documents are indicated for each reason. Be sure to indicate the student’s ID# on each page of the form and supporting documentation.
- Pennsylvania residents, who wish to have their eligibility for the Pennsylvania State Grant reevaluated, must call PHEAA at 1-800-692-7392 to discuss the change in their family’s circumstances.

Reason for Reduced Income: Indicate only one reason.
(All documents must be included with this form. Do not send in separately. Indicate the student’s ID# on each form.)

____ Unemployment of:  
   Student  Date unemployment began ____________________
   Spouse  Date unemployment began ____________________

- A student electing to quit a job to go to school is a personal choice and is not a valid reason for a reduced income review. No adjustments to the student’s financial aid eligibility will be made on that basis.
- When submitting due to unemployment of the student or spouse, the unemployment must have been on-going for a period of at least three months prior to submitting the form.
- Documentation to be included: the official unemployment compensation determination, termination letter from the employer or a letter explaining the reason for the termination. If you have been denied unemployment then provide documentation.

____ Divorce/Separation of student  Date of marital status change ____________________

- Must have occurred after the date the FAFSA form was filed for 2014-2015.
- Documentation to be included: For Divorce: the official divorce decree and child support determination.
  For Separation: A letter explaining the change to the couple’s status and arrangements for the custody of minor children.

____ Death of:  
   Spouse  Date of death: ____________________

- Must have occurred after the date the FAFSA form was filed for 2014-2015.
- Documentation to be included: Official death certificate.

____ Loss of non-taxable income  
Type of income lost: ____________________
Date payments ended: ____________________

- Must have occurred after the date the FAFSA form was filed for 2014-2015.
- Documentation to be included: Official termination notification from the appropriate agency or provider.

____ Other special circumstance change not listed above.  Specify the reason.

Reason: _______________________________________________________________________

- These situations must be catastrophic to the family’s financial situation and can include unexpected medical costs due to accident or illness, natural disaster such as flood and tornado, or unexpected situation such as fire.
- Documentation to be included: Letter explaining the situation that occurred and documentation of the unexpected costs associated with the special circumstance.

(OVER)
Please report Student’s and Spouse’s (if married) estimated earned and other taxable income for January 1 to December 31, 2014.

- Report information below about the student or spouse who provided financial and other information on your FAFSA.
- If you were married at the time of the FAFSA filing but are now separated, divorced, or widowed; report information about only the student.
- Provide copies of pay stubs or other documents to verify actual income received to date in 2014.

Student’s estimated earned income $ ___________________

Spouse’s (if married) estimated earned income $ ___________________

Other sources of taxable income (e.g. severance pay, unemployment compensation, interest income, etc.)

Source ____________________________ $ ___________________

Source ____________________________ $ ___________________

TOTAL estimated taxable income $ ___________________

Please report Student’s and Spouse’s (if married) estimated untaxed income to be received for January 1 to December 31, 2014 from all sources. Provide the source name and amount (e.g. tax-deferred pension contributions, alimony or spousal support)

If a student or spouse paid into a tax deferred plan in 2013, and will not do so in 2014, please indicate by checking the box. ☐

Source ____________________________ $ ___________________

Source ____________________________ $ ___________________

Source ____________________________ $ ___________________

Will household receive child support for one or more dependent children?  _____ Yes  _____ No

If yes, give total amount of child support expected in 2014. $ ___________________

TOTAL estimated untaxed income $ ___________________

Household Size: _______ Number in College (must be taking at least 6 credits) _______

Estimated Unusual Expenses: Report only if you have indicated “Other” as the reason for this request.

Un-reimbursed medical/dental expenses to be PAID in 2014 $ ___________________

Other unusual expenses Source ____________________________ $ ___________________

Source ____________________________ $ ___________________

I (we) certify that the information provided above is accurate and complete to the best of my (our) knowledge.

_________________ ___________________________ ___________________________
Date  Student’s Signature  Spouse’s Signature (if married)

Return to: Financial Aid Office, Lock Haven University, Lock Haven, Pa. 17745