2015-2016 REDUCED INCOME FORM- Dependent Student

Lock Haven University Financial Aid Office
223 Ulmer Hall, Lock Haven, PA 17745
PH:(570)484-2424
FAX:(570)484-2918

Student Name: _________________________ LHU ID: _________________________

Instructions:
- Before submitting this form to the Financial Aid Office, you must have previously filed a 2015-2016 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 upon 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 this form for evaluation. The required documents are indicated for each reason. Be sure to indicate the student’s ID# on each page of this 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:  ____ Father/Stepfather  Date unemployment began _______________
                     ____ Mother/Stepmother  Date unemployment began _______________

- A parent 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 one or both parents, the unemployment must have been ongoing for a period of at least three months prior to submitting this 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 parents  Date of marital status change ________________

- Must have occurred after the date the FAFSA form was filed for 2015-2016.
- Documentation to be included:  For Divorce: the official divorce decree and child support determination.  
  For Separation: A letter explaining the change in the parents’ status and arrangements for the custody of minor children.

____ Death of:  ____ Father/Stepfather  ____ Mother/Stepmother  Date of death: ________________

- Must have occurred after the date the FAFSA form was filed for 2015-2016.
- 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 2015-2016.
- 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 or tornado, or an 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.

Please report Parents’ estimated earned and other taxable income for January 1 to December 31, 2015.
• Report information below about the parent(s) who provided financial and other information on your FAFSA.
• If your parents were married at the time the FAFSA was filed but are now separated, divorced, or widowed; report information about the parent you will reside with during semester breaks. This parent would be considered your custodial parent.
• Provide copies of pay stubs or other documents to verify actual income received to date in 2015.

Father’s/Stepfather’s estimated earned income $ __________________
Mother’s/Stepmother’s 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 Parent(s)’ estimated untaxed income to be received for January 1 to December 31, 2015 from all sources. Provide the source name and amount (e.g. tax-deferred pension contributions, alimony or spousal support)

If a parent paid into a tax deferred plan in 2014, and will not do so in 2015, please indicate by checking the box. ☐

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 2015. $ __________________

TOTAL estimated untaxed income $ __________________

Household Size: _______ Number in College (excluding parent(s)/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 2015 $ ________________
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 Parent’s Signature