Copper Mountain College
Financial Aid Office

REQUEST FOR INCOME REDUCTION/ADJUSTMENT

____ __________________________
Student Name (Last, First, M.I.) Student ID #

☐ **PART I** Please submit a typed or a legibly written statement explaining your financial situation in detail. Be sure to include all relevant information including whom the circumstance affected, the dates the circumstances occurred and other information that you feel would justify this reduction/adjustment of income. Include last date of employment, reason for unemployment, date benefits stopped, etc. If you are unemployed and not receiving unemployment benefits please specify.

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☐ **PART II** Please check the reason for your reduction (listed below) and provide the appropriate documentation.

_____ **Loss of Employment** ☐ **student** ☐ **spouse** ☐ **mother** ☐ **father**

Definition: Since you have completed the Current FAFSA, a member of your family has experienced a loss of employment due to termination, layoff, disability, retirement, etc.

______ **Change in Employment Status** ☐ **student** ☐ **spouse** ☐ **mother** ☐ **father**

Definition: Since you completed the Current FAFSA, a member of your family has had a change of employment that has resulted in a substantial decrease in household income.

______ **Loss of Untaxed Income or Benefits** ☐ **student** ☐ **spouse** ☐ **mother** ☐ **father**

Definition: Since you have completed the Current FAFSA, a member of your family has lost some type of untaxed income or benefits. Untaxed income includes worker's compensations, child support, social security benefits, pensions and annuities, etc.

**Additional Documentation: Agency certification of loss of a benefit or untaxed income

______ **Divorce or Legal Separation** ☐ **student/spouse** ☐ **mother/father**

Definition: Since you completed the Current FAFSA, a separation/divorce occurred in your immediate family.

**Additional Documentation: A copy of the divorce decree or a letter from the attorney verifying the separation date

______ **Death of Parent or Spouse**

**Additional Documentation: A copy of the death certificate and/or obituary from a newspaper that list you as one of the surviving family members

Revised 11/2011

______ **Military Discharge** ☐ **student** ☐ **spouse** ☐ **mother** ☐ **father**

Definition: You served in a branch of Armed Services and have recently been released from active duty.

**Additional Documentation: A copy of the release documentation (DD214)

______ **One-time income** ☐ **student** ☐ **spouse** ☐ **mother** ☐ **father**

Definition: A member of your immediate family received a significant one-time lump of money that will not be paid again. (Examples: inheritance, reenlistment bonus, special military pay, retroactive lump sum SS payments, etc.)

**Additional Documentation: Documentation of one-time income including amount and type.

______ **Disability** ☐ **student** ☐ **mother** ☐ **father** ☐ **spouse**

Definition: The above member of your family has become disabled which resulted in a loss of employment.

**Additional Documentation:

- A letter from the physician stating the nature and date of the disability
- Documents supporting Social Security Benefits of any type expected in the next twelve months.

Documents required for All the above listed reasons

1. Previous Year's signed Tax returns
2. Previous Year's W-2s
3. Dependent or Independent Verification Form
4. Statement from unemployment office of unemployment benefits, if applicable.
5. Proof of ALL current household income (pay stub, cash aid, SSI, retirement, child support and/or alimony, a copy of the final divorce decree including settlement agreement, etc.)

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☐ **PART III** I certify that all information on this form and supporting documentation are true and complete to the best of my knowledge. I understand it is my responsibility to contact the Financial Aid Office in writing if any of the above information changes.

______________________________ ______________
Student Signature Date

______________________________ ______________
Parent Signature **(for dependent students only)** Date