

2017-2018 Loss of Income Revision Request

Pierce College Office of Financial Aid
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Loss of Income Revision Request will not be reviewed until you have been awarded for the 2017-2018 Academic Year.

Part A: Student Information	
Student Name:	Date:
Student ID:	Phone (Include Area Code):
Part B: Type of Loss of Income and Documentation	
TYPE OF CIRCUMSTANCE	EXAMPLES OF ACCEPTABLE SUPPORTING DOCUMENTATION
<input type="checkbox"/> Retirement	<ul style="list-style-type: none"> ▪ Letter of separation from employer or a copy of last pay stub showing earnings ▪ Statement of Retirement Benefits
<input type="checkbox"/> Death of Parent/Spouse	<ul style="list-style-type: none"> ▪ Copy of death certificate or obituary notice
<input type="checkbox"/> Loss of Employment due to Layoff or Termination	<ul style="list-style-type: none"> ▪ Letter on employer company letterhead with last date of employment or last pay stub ▪ Copy of unemployment benefits confirming unemployment earnings OR statement of ineligibility for unemployment ▪ Documentation of severance/buy-out package and year-to-date income
<input type="checkbox"/> Change in Employment Status from full-time to part-time, or reduction in wages	<ul style="list-style-type: none"> ▪ Letter on employer company letterhead with the change effective date and confirmation of new earnings ▪ Documentation of year-to-date earnings OR recent paystub
<input type="checkbox"/> Non-recurring 2015 income – IRA or pension distributions, inheritance, unemployment benefits, other capital gains	<ul style="list-style-type: none"> ▪ Documentation of income type and amount
<input type="checkbox"/> Marital separation or divorce	<ul style="list-style-type: none"> ▪ Copy of divorce decree or documentation of separation ▪ Proof of separate residences ▪ (If applicable) Documentation verifying child support/alimony you are receiving ▪ Copy of W-2's (or other earning statements) from 2015
<input type="checkbox"/> Non-reimbursed Medical/Dental Expenses	<ul style="list-style-type: none"> ▪ Documentation of medical/dental expenses for 2016 OR 2017 (We can only utilize expenses for a single year) – DO NOT SEND MEDICAL RECORDS ▪ If your EFC is zero you may request a budget increase, but there is no guarantee for increased aid eligibility
<input type="checkbox"/> Other	<ul style="list-style-type: none"> ▪ Supporting documentation related to your request
<p>Please include the following with your Loss of Income Revision Request:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supporting Documentation (shown above) <input type="checkbox"/> Typed statement describing the Loss of Income <input type="checkbox"/> Standard Verification Form (Verification Packet Group 1) <input type="checkbox"/> Federal Tax Transcript(s) from the IRS for 2015 (www.irs.gov / 1-800-908-9946) <ul style="list-style-type: none"> ○ We cannot accept Tax Return Forms ○ If you and/or your spouse/parents did not and will not file a tax return, you/they must provide proof of non-filing status. 	
Part C: Certification	
<p>You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.</p>	
Student Signature:	Date:
Parent Signature (Dependent Students Only):	Date: