



Financial Aid & Scholarships

# Drop of Income and Special Assessment Form

2019-2020

## STUDENT INFORMATION

Last Name	First Name	MI	SMC ID
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Dependent Students: My income or my parent'(s) income and/or benefits

Independent Students: My (or my spouse's) income and/or benefits

To request that SMC adjust your Expected Family Contribution (EFC) based on a reduction in your family's earnings and/or benefits, you will need to complete this form and attach supporting documentation.

from 2017 to 2018                      OR                      fr    from 2017 to 2019

## REASON(S) FOR INCOME ADJUSTMENT REQUEST. Check all that apply.

Reason for Income Reduction	Acceptable Documentation
<input type="checkbox"/> Loss of employment	<ul style="list-style-type: none"> <li>2017 and 2018/2019 IRS Tax Return Transcripts</li> <li>2017 and 2018/2019 W-2s or 1099s</li> <li>Letter from employer showing last day worked</li> <li>Most recent pay stubs showing year-to-date earnings</li> <li>Unemployment benefit statement (EDD)</li> </ul>
<input type="checkbox"/> Job change <input type="checkbox"/> Reduction in work hours	<ul style="list-style-type: none"> <li>Letter from employer</li> <li>Most recent pay stubs showing year-to-date earnings</li> </ul>
<input type="checkbox"/> Discharge from Active Duty	<ul style="list-style-type: none"> <li>DD214</li> <li>Statement of benefits</li> </ul>
<input type="checkbox"/> Loss of benefits Which benefits? _____	<ul style="list-style-type: none"> <li>2017 and 2018/2019 IRS Tax Return Transcript</li> <li>2017 and 2018/2019 W-2s or 1099s</li> <li>Letter from agency with date of termination &amp; total paid in 2017</li> </ul>
<input type="checkbox"/> Unexpected medical expenses	<ul style="list-style-type: none"> <li>Medical bills</li> </ul>
<input type="checkbox"/> Retirement/early withdrawal of retirement benefits	<ul style="list-style-type: none"> <li>Letter from employer</li> <li>Statement of benefits</li> </ul>
<input type="checkbox"/> Divorce <input type="checkbox"/> Separation Date of Action: _____	<ul style="list-style-type: none"> <li>Copy of divorce decree / separation agreement</li> <li>2017 and 2018/2019 IRS Tax Return Transcript</li> <li>2017 and 2018/2019 W-2s or 1099s</li> <li>Utility bills to verify separate households</li> <li>Rental or lease agreement to verify separate households</li> </ul>
<input type="checkbox"/> Other (specify) _____	Please explain: _____ _____

**PLEASE WRITE A BRIEF STATEMENT EXPLAINING HOW FINANCIAL CIRCUMSTANCES HAVE CHANGED**

**CERTIFICATION AND SIGNATURE**

I certify that the information above is true. I understand that if I purposely give false or misleading information, the SMC Financial Aid & Scholarships Office has the right to withdraw my financial aid offer and/or request financial aid funds to be repaid.

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_  
*(dependent students only)*

**FOR OFFICE USE ONLY**

- Approved
- Denied
- Adjustment Will Not Change Eligibility for Aid

Certified by: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

