

# INCOME ADJUSTMENT FORM 2009-2010



**Cal State Channel Islands**  
**Financial Aid Office**  
**One University Drive**  
**Camarillo, CA 93012**

\_\_\_\_\_  
 Student Name (please print)

\_\_\_\_\_  
 Student ID Number

2009 income will be less than 2008 due to:

- Unemployment    
  Reduction of work hours    
  Other \_\_\_\_\_

**Complete and submit this form along with:**

- Daytime phone number: (    ) \_\_\_\_\_
- A written explanation for the loss of income
- A copy of 2008 Federal Income Tax Return for parties affected (if not previously submitted)
- The last two pay check stubs from employment for parties affected
- Any additional supporting documentation (i.e. Social Security benefits statement, Unemployment Benefits statement)

Comparison of calendar years	2008 Income Figures (From Tax return and W-2's)		2009 Income Figures (Projection from January-December)	
	Student and/or Spouse:	Parent(s)	Student and/or Spouse:	Parent(s)
Adjusted Gross Income				
Wages Earned	Student:	Spouse:	Student:	Spouse:
	Father:	Mother:	Father:	Mother:
Untaxed Benefits (SSI, TANF, Unemployment Benefits)				
Other (please explain)				

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**For Office Use Only**

Approved

Initial EFC \_\_\_\_\_

Denied

Adjusted EFC \_\_\_\_\_

Approved, but EFC is unchanged

Date of Revision \_\_\_\_\_

Approved by: \_\_\_\_\_

Counselor Comments:

\_\_\_\_\_