

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:
