

INCOME ADJUSTMENT FORM 2010-2011



Channel Islands

CALIFORNIA STATE UNIVERSITY

DIVISION OF STUDENT AFFAIRS

Financial Aid

One University Drive

Camarillo, CA 93012

Student Name (please print)

Student ID Number

2010 income will be less than 2009 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 2009 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	2009 Income Figures (From Tax return and W-2's)		2010 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

Preferred Contact Number

Date

Parent Signature

Preferred Contact Number

Date

For Office Use Only

Approved

Initial EFC _____

Denied

Adjusted EFC _____

Approved, but EFC is unchanged

Date of Revision _____

Approved by: _____

Counselor Comments:
