



Murray State College Financial Aid Office

1 Murray Campus Drive
 Tishomingo, OK 73460
 Phone: 580-387-7220
 Fax: 580-387-7229
Financialaid@mscok.edu

2018-2019 INCOME REDUCTION REQUEST (DEPENDENT)

STUDENT INFORMATION:

Last Name	First Name	M.I.	Student ID Number

The Financial Aid Office realizes that some students and their families may have a special circumstance that cause a substantial reduction in their income that impacts their ability to contribute to college costs.

If you and/or your parents experienced one of the special circumstances outlined below, you may request re-evaluation of your financial need based on 2017 income instead of 2016. You may appeal one time only. Complete this form **ONLY** if you and/or your parents' financial resources are **SUBSTANTIALLY LOWER in 2017 than they were in 2016.**

Complete all sections A, B, C and attach all requested and supporting documentation. **An incomplete appeal will be denied.**

A. REASON FOR REQUEST

	SPECIAL CIRCUMSTANCE	SUPPORTING DOCUMENTATION REQUIRED
<input type="checkbox"/>	<p style="text-align: center;">DEATH OF PARENT</p> <p>Your parent worked in 2016 and their income was reported on the FAFSA, but is now deceased.</p>	<ul style="list-style-type: none"> • Copy of death certificate or equivalent • Proof of income generated by the deceased individual after 12/31/17
<input type="checkbox"/>	<p style="text-align: center;">SEPARATION OR DIVORCE</p> <p>Your parents have become separated or divorced since filing 2016 taxes.</p>	<ul style="list-style-type: none"> • Copy of the divorce decree, and/or proof of separate residences.
<input type="checkbox"/>	<p style="text-align: center;">UNEMPLOYMENT OR CHANGE IN EMPLOYMENT</p> <p>You and/or your parent(s) earned money and have lost this source of income since filing the FAFSA.</p> <p>You and/or your parent(s) worked full time and are no longer working full time now, and/or suffered a reduction in hours or reduced wages.</p>	<ul style="list-style-type: none"> • Copy of most recent pay stubs showing YTD earnings for all jobs held within the last 12 months • Letter of Unemployment Insurance Claim Information or other documentation showing unemployment benefits dates, amount received, and benefits remaining • Letter from employer (company letterhead) stating the cause for change in hours or employment status.
<input type="checkbox"/>	<p style="text-align: center;">DISABILITY</p> <p>You and/or your parent(s) experienced difficulty earning income due to a recent and/or unanticipated disability.</p>	<ul style="list-style-type: none"> • Proof of disability • Proof of YTD earnings
<input type="checkbox"/>	<p style="text-align: center;">LOSS OF BENEFITS OR NON-RECURRING INCOME</p> <p>You and/or your parent(s) received income in 2016 (such as inheritance, early withdrawal of Pension/401K/IRA, Social Security or Child Support) that is not typical or expected to be received after 12/31/17.</p>	<ul style="list-style-type: none"> • Copy of 2016 IRS tax document that reflects the source of income (IRS form 1040, 1099, etc.)

To request a copy of **Federal IRS Tax Return Transcript, Wage Statement, OR Verification of Non-Filing Letter** call the IRS at 1-800-908-9946 or go to <http://www.irs.gov/individuals/Get-Transcript>

A submission of this appeal form does not guarantee an increase in your financial aid award. The change in your financial resources must be substantial. (Both student and parent(s) income information will be re-evaluated)

Please note that additional information may be requested for verification purposes.

B. 2016 & 2017 YEAR INCOME COMPARISON

Indicate the 2016 & 2017 year income (received from January 1st to December 31st) for you and your parent(s). Attach all appropriate documentation to verify your income.

Type of Income	Dependent Student 2016 Year Amount			Dependent Student 2017 Year Amount			Date Change Occurred
	Mother	Father	Student	Mother	Father	Student	
Wages, Tips, Salary	\$	\$	\$	\$	\$	\$	
Retirement Benefits	\$	\$	\$	\$	\$	\$	
Disability Benefits	\$	\$	\$	\$	\$	\$	
Unemployment Benefits	\$	\$	\$	\$	\$	\$	
Social Security Benefits	\$	\$	\$	\$	\$	\$	
TANF/CAL WORKS Benefits	\$	\$	\$	\$	\$	\$	
Alimony	\$	\$	\$	\$	\$	\$	
Child Support Received	\$	\$	\$	\$	\$	\$	
Other (specify)	\$	\$	\$	\$	\$	\$	
Total Income	\$	\$	\$	\$	\$	\$	

C. CERTIFICATION

I/WE HEREBY CERTIFY THAT ALL INFORMATION REPORTED ON THIS FORM AND ANY ATTACHMENTS HERETO ARE TRUE, COMPLETE AND ACCURATE. FALSE INFORMATION OR MISREPRESENTATION WILL BE CAUSE FOR DENIAL, REDUCTION, WITHDRAWAL, AND/OR REPAYMENT OF FINANCIAL AID.

Student's Signature

Date

Parent's Signature (Required)

Date

FINANCIAL AID OFFICE USE			
Request Status:			
Trans. #:	Denied		
	Approved (If already awarded, a revised award notification will be issued within 3-4 weeks.)		New EFC:
FA Signature:		Date:	
Comments:			

MSC Financial Aid Office: One Murray Campus Dr. Tishomingo, OK 73460
 Telephone: 580-387-7220
 Fax: 580-387-7229

Email: financialaid@mscok.edu
 Website: www.msc.edu