

**ET-Change in Income for Dependent Student**

Student Name: Joseph Smith

WSU ID#: 11111111

Email: Joe.Smith1@wsu.edu

Phone: 223-223-2222

Our office can recalculate your financial aid eligibility considering your reduction in income. Fill out this form if your income in 2010 was higher than your projected income for June 1 - May 31 2011-2012 due to loss or change in employment, disability, a one time increase in income, bankruptcy garnishments for medical, business, or home, and IRS garnishments. One-time increases due to a loss of overtime or bonuses will NOT be considered.

**This form requires:**

1. This completed form with the student and parent signatures.
2. A letter of explanation that details each factor you are citing as influencing the change in income. In your letter please include dates and explain how you came up with your estimated income on page two of this form. Also explain what documentation you have provided and detail how that supports your appeal.
3. Supportive documentation: Appropriate documentation that verifies the factor(s) you are citing as a "Change in Income" includes (but is not limited to) a letter from your former employer stating the last day of work, the last paystub, current unemployment paystub, legal documentation of dissolution of marriage, profit and loss statements for businesses. If you experienced a one time increase of income you must document what the increase was from and document how the income was spent.

Required verification is prioritized over this appeal as it is optional for our office to consider these special circumstances. The appeal processing time may vary and appeals reviewed in the order they are received. In the event that we ask for additional documentation, we give that appeal priority over others when the documentation is received. Adjustments made to financial aid awards based on special circumstances can be made retroactively.

If your FAFSA was completed using estimates of your 2010 taxes, we will NOT process your appeal until you have updated your FAFSA with complete and accurate tax information. If additional documentation is required to process your appeal, we will contact you via e-mail or mail. Questions regarding your appeal can be sent to [specialcircumstances@wsu.edu](mailto:specialcircumstances@wsu.edu). We will also send you notification informing you if your appeal was approved or denied.

For an example of how to complete a "Change in Income for Dependent Student" form go to the financial aid webpage at [www.wsu.edu](http://www.wsu.edu) and under the Special Circumstances tab click on "Change in Income".

**Continued on back**

STUDENT'S (ESTIMATED INCOME) JUNE TO MAY

JUNE 1,  
MAY 31,

**TAXABLE INCOME EXPECTED TO BE EARNED**

1. Gross wages, salaries, tips - student
2. Interest/dividend income
3. Net income from business, rents, royalties, partnerships, estates, trusts, etc.
4. Other taxable income, such as alimony received, capital gains, pensions, annuities, etc.
5. Unemployment or State/Industrial Compensation

\$ 20,150  
\$ —  
\$ —  
\$ —  
\$ —  
\$ 20,150

Papperz inc. =  
\$16,350  
Coffee Kart =  
\$3,800

TOTAL TAXABLE INCOME

**NONTAXABLE INCOME EXPECTED TO BE EARNED**

6. Nontaxable pensions or retirement benefits
7. Child support (total received for all family members)
8. Other nontaxable income (list types below)

\$ NA  
\$ NA  
\$ NA

\$20,150

TOTAL NONTAXABLE INCOME

\$ —

**ESTIMATED DEDUCTIONS**

10. Child support paid

\$ —

**NOTICE: THIS FORM WILL BE RETURNED TO THE STUDENT IF IT IS NOT SIGNED BY THE STUDENT. DO NOT ADJUST THE DATES ON THIS FORM.**

I CERTIFY THAT THE ABOVE INFORMATION WAS PROVIDED BASED ON THE BEST INFORMATION AVAILABLE TO ME AT THE TIME OF COMPLETING THIS FORM. I FURTHER UNDERSTAND THAT THE OFFICE OF STUDENT FINANCIAL AID IS UNDER NO OBLIGATION TO APPROVE THIS REQUEST AND THE DECISION CANNOT BE APPEALED TO THE DEPARTMENT OF EDUCATION.

Joseph Smith  
WSU STUDENT SIGNATURE

Jan 20<sup>th</sup>  
DATE

**OFFICE USE ONLY**

Adjusted Gross Income \_\_\_\_\_  
Wages \_\_\_\_\_  
Wages \_\_\_\_\_

Tax Paid \_\_\_\_\_

Untaxed Income \_\_\_\_\_  
Est. Deductions \_\_\_\_\_

EDE Changes: EFC Old \_\_\_\_\_ New \_\_\_\_\_  
Prior ProYear: \_\_\_\_\_ Year \_\_\_\_\_

BE Set \_\_\_\_\_  
ADDNOTE \_\_\_\_\_

Resident: \_\_\_\_\_ FAFSA Date: \_\_\_\_\_ Class Code: \_\_\_\_\_ PJ Date: \_\_\_\_\_

Adjustment made to Trans # \_\_\_\_\_ Time: \_\_\_\_\_

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

# LETTER OF EXPLANATION

Joseph Smith  
WSU ID # 11111111  
Email: JosephSmith1@wsu.edu

Dear Office of Financial Aid and Scholarships,

I am writing this letter in reference to a change that has occurred in my income that I am hoping can be considered. I understand that you look at the income of what I have made for the time frame of June to the end of May the following year, and a lot has change for me since the last tax year.

Last year I was working a full time job and once I started school in August I could not handle working 40 hours a week, therefore I have found a new job – starting in September where I only work 10 hours a week. I am grateful to still have this income, yet it is by no means close to the income I had prior to attending. I would really appreciate anything you can do for me. To explain how much I made from June to May I have provided a break down below- as well as put in the estimates on page 2 of the change in Income form. I have also attached documentation that confirms my 10 hours per week, quitting my job, and a paystub to verify how much I made at that job prior to leaving.

#### MY INCOME:

**June – August-** PAPPERZ inc. – My Year to Date (January to Present) from my last paycheck was 43,600. So I took 43,600 and divided it by 8 (Jan. to Aug.) = which gave me approx. 5,450. Therefore June to August (3 months) I made a **total of \$16,350**

**September– May-** CoffeeKart-Working 10 hrs per week at 10\$ an hour = \$100per week- and 38 weeks from Sept. to the end of May is 38 weeks, so 38 multiplied by 100 equals 3,800. So my estimated income working at the CoffeeKart is only **\$3,800**

**My Total Income = \$20,150**

Sincerely,

Joseph

# *Example of Documentation*



PAPPERZ Inc.

1111 S. Street. No Where Ville, State, 98989

Phone: 123-654-9876 Fax: 987-456-1234

To whom it may concern:

Joseph Smith is no longer working for *PAPPERZ Inc.* He informed our company that he could no longer work for us once he began school in August. He worked his last Day August 30<sup>th</sup>.

If you have any questions Please do not hesitate to contact our Human Resources Department at 456-999-8888.

Thank you,

Patricia Paper  
Director of Secretarial Processing  
Human Resources

# Example Pay Stub



PAPPERZ Inc.  
 1111 S. Street. No Where Ville, State,  
 98989  
 Phone: 123-654-9876

## Employee Earnings Statement for Employees on Direct Deposit

<b>Employee Name:</b>	Joseph Smith	<b>Check Date:</b>	8/31
<b>Social Security Number:</b>	987-65-5432	<b>Period Ending:</b>	8/31
<b>Account Number:</b>	78787877	<b>Net Pay:</b>	2725.00
<b>Tax Status:</b>	SINGLE-00		
<b>Gross Pay:</b>	2725.00		

**STATEMENT OF EARNINGS, DEDUCTIONS, AND CONTRIBUTIONS**  
**CONTACT YOUR DEPARTMENT IF YOU HAVE QUESTIONS ABOUT YOUR EARNINGS**

YOUR LAST WORKING DAY WAS AUGUST 31, 2010. YOUR PAY IS NOW UP TO DATE. THIS IS YOUR LAST PAY CHECK. THANK YOU FOR YOUR SERVICE.

EARNINGS				REDUCTS & DEDUCTS		YEAR TO DATE	
DESCRIPTION	MONTHS	HOURS	GROSS	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
PAY	012	80.00	3010	UNIFORM MED PLN	00.00	YTD GROSS	43,600.00
				<b>TOTAL RED &gt;&gt;</b>	<b>00.00</b>	FED INC TX	114.00
				OASI 4.20%	00.00	OASI TAX	349.22
				F INCOME TAX	0.00	MED GROSS	1,172.00
				MEDICAL AID	0.00	MED TAX	86.99
				MEDICARE1.45%	00.00		
				<b>TOTAL DED &gt;&gt;</b>	<b>0.00</b>		

THE FOLLOWING CONTRIBUTIONS HAVE BEEN MADE ON YOUR BEHALF					
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
OASI 6.20%	36.33	MEDICAL AID	9.30	HCA	850.00
MEDICARE1.45%	8.49				
<b>TOTAL CONTRIBUTIONS &gt;&gt;</b>					<b>904.12</b>

## *Example of Documentation*



CoffeeKart.

1234 Youknow Blvd. Perfect, State, 66666

Phone: 123-654-4545 Fax: 987-456-6542

This letter is written for Joseph Smith. He works approximately 10 hours per week at our Coffee stand. He has been working for us since September 6<sup>th</sup>. If you have questions regarding his employment please call me at 888-555-2223.

Thank you,

Jeffery Financial  
Owner

# Example Previous Pay Stub



CoffeeKart.

1234 Youknow Blvd. Perfect, State, 66666  
 Phone: 123-654-4545 Fax: 987-456-6542

Joseph Smith  
 98564 S. His St.  
 HisCity, ST 65234

**Employee Pay Stub**

Check Number: 852

Pay Period: 1/3 – 1/10 Pay Date: 1/18

Employee	SSN	Status (Fed/State)	Allowances/Extra
Joseph Smith 98564 S, His St. HisCity, St 65234	***-**-7777	Single/ (none)	Fed010/0/ST-0/0

Earnings and Hours	Qty	Rate	Current	YTD Amount
Office-code #12457	10	10.00	100.00	1,900.00

Taxes	Current	YTD Amount
Federal Withholding	0.00	0.00
Social Security Employee	-0	-0
Medicare Employee	-0	-0
	-0	-0

**Net Pay** 100.00 1,900

← one week pay  
 As said been working since Sept.