

Financial Aid Office

9045 Lincoln Boulevard, Los Angeles, CA 90045
Tel 310 665 6880 Fax 310 665 6884
Email otisaid@otis.edu
Website www.otis.edu/finaid

**2013-2014
INCOME ADJUSTMENT
APPEAL**

To request a re-evaluation of your financial aid, complete this form and attach all supporting documents. If you are a dependent student please submit your parent(s) documents and your own if applicable. If you are an independent student please submit only your documents, and your spouse's if married. Properties, businesses, assets and/or benefits will be divided equally among named parties unless provided documents specify sole ownership. **Incomplete forms will not be reviewed.**

All appeals must be submitted with:

- Appropriate verification worksheet (dependent or independent) available at www.otis.edu/finaid/forms
- You must have the IRS liked to your FAFSA or tax return transcript from the IRS
- ALL W2's (W2's should equal wages earned from work on line 7 of the 1040 or equivalent)
- Signed and dated personal written statement explaining (in the student's own words) the circumstance(s), including what is being requested

I and/or my parents are requesting:

- A reduction of in the next 12 months due to:
 - Resignation
 - Layoff
 - Retirement
 - Reduction of Work Hours
 - Other: _____
- ALL of the following are needed:
 - Letter from employer on company letterhead regarding the circumstances, last date of employment and any severance of the above mentioned loss or termination letter
 - Unemployment benefits (if applicable)
 - Last paycheck statement with year-to-date income
- A reduction of in the next 12 months due to:
 - The following are needed if applicable:
 - Court ordered reduction or termination of benefits (e.g. child support and/or alimony)
 - Government notices regarding the current and reduced amount of benefits (ex: Social Security and/or Welfare)
 - Last paycheck statement with year-to-date income
- A separation of income/benefits in the next 12 months due to:
 - Legal separation (Separation papers filed with the courts needed)
 - Divorce (Divorce degree filed with the courts needed)
 - Death (Death Certificate needed)
- One time Income or Benefit:
 - Proof of one time income or benefit

I hereby certify that I understand the above requirements.

Student Name: _____

Student ID #: _____

Student Signature: _____

Date: _____

FOR FINANCIAL AID OFFICE USE ONLY

Approved Denied Approved but EFC unchanged Initial EFC _____ / Verif EFC _____ PF EFC _____

Comments: _____

Financial Aid Office Signature: _____ Date: _____

Financial Aid Director Signature: _____ Date: _____

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Instructions: 1. Only indicate the information for the person whose information is on the appeal. 2. Indicate the present month as the first month and list forward. 3. Indicate source of income/benefit. 4. Indicate amount and the total you anticipate to receive during the next 12 months. Be as accurate as possible.

Estimated Income/Benefits		Father (if dependent)	Estimated Income/Benefits		Mother (if dependent)
Month (indicate month)	What was income/benefit from		Month (indicate month)	What was income/benefit from	
1:		\$:	1:		\$:
2:		\$:	2:		\$:
3:		\$:	3:		\$:
4:		\$:	4:		\$:
5:		\$:	5:		\$:
6:		\$:	6:		\$:
7:		\$:	7:		\$:
8:		\$:	8:		\$:
9:		\$:	9:		\$:
10:		\$:	10:		\$:
11		\$:	11		\$:
12:		\$:	12:		\$:
Total Income/Benefits		\$:	Total Income/Benefits		\$:
Estimated Income/Benefits		Student	Estimated Income/Benefits		Spouse (if independent and married)
Month (indicate month)	What was income/benefit from		Month (indicate month)	What was income/benefit from	
1:		\$:	1:		\$:
2:		\$:	2:		\$:
3:		\$:	3:		\$:
4:		\$:	4:		\$:
5:		\$:	5:		\$:
6:		\$:	6:		\$:
7:		\$:	7:		\$:
8:		\$:	8:		\$:
9:		\$:	9:		\$:
10:		\$:	10:		\$:
11		\$:	11		\$:
12:		\$:	12:		\$:
Total Income/Benefits		\$:	Total Income/Benefits		\$:

The attached information represents all anticipated sources of income for the next 12 months. I agree to provide any additional information requested by the Financial Aid Office to support the above estimates. I further understand that I must notify the Financial Aid Office of any additional financial changes. I understand that discrepancies between actual and estimated information may result in my being billed for any financial assistance already disbursed.

Student Name: _____

Student ID #: _____

Student Signature: _____

Date: _____

Parent Name: _____

Signature: _____

Date: _____