SOUTHERN CRESCENT TECHNICAL COLLEGE

Office of Financial Aid

501 Varsity Road
Griffin, GA 30223
770-228-7368 p
770-229-3029 f

1533 Hwy 19 South
Thomaston, GA 30286
706-646-6386 p
706-646-6063 f

300 Lakemont Drive
McDonough, GA 30253
770-914-4411 p
770-229-3236 f

2019-2020 Income Reduction Form

Federal regulations require that financial aid applicants report their prior year income on the Free Application for Federal Student Aid (FAFSA). However the Office of Financial Aid realizes that some students may experience special circumstances that cause a substantial reduction in their income that impacts their ability to contribute to college costs.

If you and/or your spouse experience one of the special circumstances outlined below, you may request re-evaluation of your financial need based on 2019 income instead of 2017. Your or your family projected 2019 income must be **SUBSTANTIALLY LESS** than that of 2016 and **at least 90 days must have elapsed since the qualifying event** (listed below) in order for SCTC's Financial Aid Office to re-evaluate your eligibility for Financial Aid.

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. Dependent students' appeals are based on parent income changes.

Make sure you attach all requested documentation. An incomplete income reduction form will be denied.

___Death of Spouse

- Submit a detailed letter outlining your situation and the impact on your 2019 income.
- Submit a copy of the death certificate or equivalent.
- Complete Sections 1, 2 & 3 on the attached form. Fill out Section 2 with your income. Attach documentation to support all income listed (i.e., last pay stub, life insurance benefit, social security benefit, etc.)
- Submit a copy of you and your spouse's (if applicable) 2017 Federal Income Tax Return transcript.

___Marital Separation, Pending Divorce, or Divorce (Student and Spouse must live in separate residences).

- Submit a detailed letter outlining your situation and the impact on your 2019 income.
- Submit documentation of separation (legal separation documentation, attorney's letter, or documentation of separate residences). If no legal documentation exists, a notarized statement is acceptable.
- Copy of Divorce Decree (if Divorced).
- Complete Sections 1, 2 & 3 on the attached form. Fill out Section 2 with your income. Attach documentation to support all income listed (i.e., last pay stub, life insurance benefits, etc.)
- Submit a copy of you and your spouse's (if applicable) 2017 Federal Income Tax Return transcript.

___Separation from Work due to Layoff or Termination (unemployment must have occurred for at least 16 weeks).

- Submit a detailed letter outlining your situation and the impact on your household's 2019 income.
- Submit a letter of job status change from employer. Letter must be on company letterhead and should list the dates of employment and date of termination.
- Complete Sections 1, 2 & 3 on the attached form. Fill out Section 2 with the income information from you and your spouse. Attach documentation to support all income listed (i.e., ending pay stub, unemployment compensation, severance pay, etc.).
- Submit a copy of you and your spouse's (if applicable) 2017 Federal Income tax return transcript

___Involuntary Change in Job Status (Reduction of work hours, Retirement, Permanent Disability, etc.)

- Submit a detailed letter outlining your situation and the impact on your household's 2019 income.
- Submit a letter of job status change from employer. Letter must be on company letterhead and should list the date of reduction of hours occurred.
- Complete Sections 1, 2 & 3 on the attached form. Fill out Section 2 with income information from you and your spouse (if applicable). Attach documentation to support all income listed (i.e. W-2, most recent pay stub, etc.).
- Submit a copy of you and your spouse's (if applicable) 2017 Federal Income Tax Return transcript.

___Loss of Benefits or Non-recurring Income (Benefits received in 2017 are reduced or lost in 2018)

- Submit a detailed letter outlining your situation and the impact on your household's 2018 income. Letter should outline reduction or termination of benefits. Indicate the date of loss of reduction (i.e., loss of Social Security or Child Support benefits due to child turning 18, inheritance, etc.). If the benefit was a non-recurring, you should include verification of how the funds were spent or invested.
- Complete Sections 1, 2 & 3 on the attached form. Fill out Section 2 with the income information from you and your spouse.
- Submit a copy of you and your spouse's (if applicable) 2017 Federal Income Tax Return transcript.

SOUTHERN CRESCENT TECHNICAL COLLEGE

2019-2020 Income Reduction Form

Last Name_____First Name _____MI_____Student ID_____

Address_____ City_____ State_____Zip_____

Email_____Phone Number_____or_____

SECTION I: REASON FOR REVIEW

Please check one or more circumstance(s) that applies to your situation. Attach a letter of explanation detailing your family's special circumstances. In addition to your letter, attach all appropriate documentation listed. An incomplete income reduction form will be denied.

□ Death of Spouse □ Marital Separation, Pending Divorce or Divorces □ Involuntary Change in Job Status

□ Separation from Work due to Layoff or Termination □ Loss of Benefits or non-recurring Benefits

SECTION II: 2017-2019 YEAR INCOME COMPARISON

Attach a copy of your 2017 Federal Tax Return to this form. Indicate the 2017 & 2019 year income for you and your spouse. Attach all appropriate documentation to verify your income.

Type of Income	2017 Year Amount		2019 Year Amount		Date of Change
	Student	Parent/Spouse	Student	Parent/Spouse	
Wages, Tips, Salary	$	$	$	$	
Retirement Benefits	$	$	$	$	
Disability Benefits	$	$	$	$	
Unemployment Benefits	$	$	$	$	
Social Security Benefits	$	$	$	$	
TANF Benefits	$	$	$	$	
Alimony	$	$	$	$	
Child Support Received	$	$	$	$	
Other (Specify)	$	$	$	$	
Total Income	$	$	$	$	

SECTION III: CERTIFICATION

I/we hereby certify that all information reported on this form and any attachments and documentation hereto are true, complete and accurate. False information or misrepresentation will be cause for denial. I understand that this process can take up to 3 weeks and I will be notified through my student email..

Student Signature Date Parent/Spouse Date

As set forth in full in the Student Handbook/Course Catalog, Southern Crescent Technical College is an Equal Opportunity Institution and does not discriminate on the basis of race, color, national origin, sex, age or disability.

FOR OFFICE USE ONLY

FAO Initials_____ Date_____ Decision: ☐ Approved ☐ Denied ☐

Revised 2-20-20