THE UNIVERSITY OF TEXAS AT EL PASO
2015-2016 Income Reduction/Adjustment Form
(Death/Disability/Other)

NAME: __________________________ UTEP ID: _________________ EMAIL: ____________________

If there are special circumstances that have impacted your family’s financial situation for the 2015-2016 academic year, please complete the appropriate sections of this form, supply all of the documentation requested, and submit it to the UTEP Office of Student Financial Aid. Do not omit information or documentation, as this will delay the process.

If you (independent students) or a parent (dependent students) became a widow(er) before your FAFSA was filed, an income adjustment is not necessary. Contact the UTEP Financial Aid Office for information regarding this topic.

Consideration for Income Adjustment/Reduction will be given to students whose Expected Family Contribution (EFC) is 500 or more and whose anticipated family income for 2015 is estimated to be 25% less than the income reported in 2014.

Unless told otherwise, students must complete the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov, before applying for an Income Adjustment.

On campus workshops will be held in late February through early March for students to discuss their special circumstances and submit their income adjustment documentation for review (see dates and times at http://financialaid.utep.edu, click on Financial Aid Workshops). A Financial Aid Officer will conduct a preliminary review of your special circumstance request and will determine eligibility for an income adjustment based on the documents submitted. This process may require more than one office visit and/or additional documentation.

If an on campus workshop is not attended, income adjustment paperwork will be reviewed on an appointment only basis after March 13, 2015.

Note: Students who have gone through an Income Adjustment in prior year and have been approved, cannot request another one for the upcoming year, even if there is a different reason or circumstance. An exception to this regulation can occur when applicants complete an adjustment for two consecutive years at the same time or have unusual reoccurring medical expenses.

The Office of Student Financial Aid (OSFA) at the University of Texas at El Paso attempts to make the best decision possible with the information provided based on the family’s current situation. The university believes that the financing of higher education is the family's responsibility to the extent they are able. The rules governing financial aid programs allow financial aid officers to re-evaluate eligibility for students when and if special circumstances exist that can be fully documented. Families should be aware that funding is limited. The ability of the OSFA to respond to changes in financial circumstances is dependent upon the availability of aid resources and student eligibility.

With few exceptions, you are entitled, upon request, to be informed about the information the University of Texas at El Paso collects about you. Under Sections 552.021 and 552.023 of the Texas Government code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government code, you are entitled to have the University of Texas at El Paso correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that the University of Texas at El Paso collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government code) and rules. Different types of information are kept for different periods of time.
STEP ONE: Please check the reason (in the section below) that applies to your family’s situation and provide the required documentation listed:

All employer or doctor letters must be on letterhead. Third parties will not be contacted by our office to obtain any information needed for the income adjustment process.

REASON

______ Death of Spouse/Parent:  
1) Death Certificate.  
2) Two most recent pay stubs of surviving spouse or parent.  
3) Documentation of any additional income being received by the surviving spouse or parent in 2015.

______ Disability:  
(See note below)  
1) Letter from doctor on letterhead to verify date of disability.  
2) Last two pay stubs  
3) Copy of social security benefits statement (if applicable)  
4) Copy of letters for any type of disability benefits (VA, Workers’ Compensation, insurance disability payments, etc.) (if applicable)

______ Other: Please Specify:  
____________________________________________________________________  
____________________________________________________________________  
(See Financial Aid Officer for specific requirements)

Note: Be aware that if you are a married independent student, proof will also be required of your spouse’s estimated 2015 income (i.e. two most recent pay stubs or other sources of income). If you are a dependent student and are requesting an income adjustment for one parent, the 2015 estimated income of the other parent must also be provided, if they are married (i.e. two most recent pay stubs or any other sources of income).

STEP TWO: In addition to the required documentation listed above, you must submit the following:

______ A copy of your, your spouse’s and/or parent’s completed 2014 Federal Income Tax Return Transcript.
______ A typed double spaced personal statement from the student detailing the circumstances that have caused the income reduction. Personal statement must also be signed by the student. One page will suffice (provide all necessary details (dates, amounts, etc.) in regards to your situation).
______ Print, complete and sign a 2015-2016 Verification Worksheet. This form is available online at: http://financialaid.utep.edu in the “Forms” section.
______ Plus, if applicable, 2014 and 2015 documentation for any income source listed below:
   o Child support Received or Paid
   o Copy of letter to verify VA Benefits or Disability Payments
   o Copy of financial statement 401K or other deferred payments that were “cashed out”
   o Copy of Social Security Benefits Statement
   o Business Income (copy of last quarterly/monthly business account statement)
   o BAS for military (on last LES)
   o Bonus Pay (on last pay stub)
   o Pensions and/or Annuities
   o Rents
   o Cash Gifts or Lottery winnings
   o Inheritance
   o Insurance payments to you, spouse, or parent(s)
   o Interests/Dividends (last financial statement)
   o Money Paid on you, your spouse, or parent(s) behalf
   o Savings (last financial statement)
   o Tips
   o Other income from work: yard work, babysitting, tutoring

FOR OFFICE USE ONLY

Signature: ___________________________  Approved: _________________________

Denied: ___________________________
**STEP THREE**: Complete the following table.  **Dependent students**: include your income information if an income adjustment is being done for you; otherwise only complete the parent section.  **Independent students**: only include your and your spouse’s (if married) income information.

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**NOTE**: The total for the year must be at least 25% less than the income reported in 2014.

**CERTIFICATION**
All of the information on this form is true and complete to the best of my knowledge. I understand that if all the information requested above is not supplied, no action will be taken on this request. If asked by an authorized official, I agree to give proof of the information I have given on this form. I realize this proof may include a copy of my U.S. Income Tax Return. I also realize if I do not give proof when asked, I may not be processed for financial aid. I also understand any suspected fraud (forged, falsified or counterfeit documents, irregular signatures and certifications, false or fictitious names, addresses, and SSNs, consistently misreported information, false claims of dependency and/or citizenship status, offers and/or paid kickbacks to school staff, unreported or misreported receipt of student aid) will be reported to the appropriate authorities in the Office of the Inspector General.

No student or prospective student will be excluded from participation in or be denied the benefits of financial aid on the basis of race, color, age, national origin, religion, or sex.  **WARNING**: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature__________________________________ UTEP ID: _________________ Date_____________

RETURN COMPLETED FORM TO: University of Texas at El Paso, Office of Student Financial Aid
Mike Loya Academic Services Bldg., Rm. 204
500 W. University Ave.
El Paso, Texas 79968
Phone: (915)747-5204 Fax: (915)747-5631

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