

UHD ID: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_



Office of Scholarships and Financial Aid  
**2024-2025 Income Adjustment Form**

This form can be used to report changes in income that have occurred since filing the 2024-2025 FAFSA. You must indicate the appropriate circumstance on this form and submit all required documentation to the Office of Scholarships and Financial Aid. The form and documents must be submitted no later than your last day of enrollment for the 2024-25 academic year.

STEP 1: Reason For Request (check one)	Date of Change (mm/yy)	Family Member Affected (e.g., self, parent, spouse)
<input type="checkbox"/> <b>Unemployment or change in employment</b> <ul style="list-style-type: none"> <li><b>Must provide letter</b> from former employer (on business letterhead) stating last date of employment or change in employment <i>OR</i> proof of unemployment benefits received.</li> <li><b>2022</b> Tax Return Transcript(s), W2's, and 2024-2025 Institutional Verification Form <b>must</b> be submitted.</li> </ul>		
<input type="checkbox"/> <b>Divorce/Separation</b> <ul style="list-style-type: none"> <li>Provide legal documentation (divorce decree) or legal separation.</li> <li><b>2022</b> Tax Return Transcript(s), W2's, and 2024-2025 Institutional Verification Form <b>must</b> be submitted.</li> </ul>		
<input type="checkbox"/> <b>Death of Spouse or Parent</b> <ul style="list-style-type: none"> <li>Provide supporting documentation, i.e., copy of death certificate, obituary, funeral program.</li> <li><b>2022</b> Tax Return Transcript(s), W2's, and 2024-2025 Institutional Verification Form <b>must</b> be submitted.</li> </ul>		
<input type="checkbox"/> <b>One Time Income</b> <ul style="list-style-type: none"> <li>This includes, but is not limited to inheritance, moving expense allowance, back year Social Security pay, IRA or pension distribution.</li> <li>Provide how income was spent/invested.</li> </ul>		

**STEP 2:** If the reduction in income is due to the loss of employment, complete the appropriate column for the family member affected:

Anticipated Income for January 1, 2024 through December 31, 2024	Student	Spouse	Parent
Wages, Salary, Tips	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Severance Pay	\$	\$	\$
Cash Assistance from family/friends	\$	\$	\$
Welfare Benefits (i.e. TANF, AFDC, ADC)	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support	\$	\$	\$
<b>Total Anticipated Income</b>	\$	\$	\$

Student Signature _____ Date _____	Parent/Spouse Signature (if applicable) _____ Date _____
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**(Blue or black ink, no electronic signatures accepted)**

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**INCOMPLETE FORMS WILL NOT BE CONSIDERED AND WILL ULTIMATELY BE DENIED**