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## 2024-2025 Appeal for Income Reevaluation Due to Special Circumstances

Requests can be submitted to the Student Financial Services office once your financial aid file is complete for 24-25

Name:		Social Security #:			
Phone #:		Student ID#:			
circumstances m corresponding to market losses or that have experie	ay qualify for a re-evaluation of financial need. either the 2024 calendar year or the 2024-2025 accredit payments due to consumer debt. Recalculation need involuntary reductions in income. If you feel	year income and resources. In some cases, special This re-evaluation is performed using financial data ademic year. We cannot decrease your income due to ons are usually reserved for students and their families that a recalculation will benefit you, please provide us plete documentation will result in a delay or denial of			
are final. Any cha		•			
Section 1:	Who had a reduction of income?				
□ Student □ Parent 1 (father/mother/stepparent) □ Student's Spouse □ Parent 2 (father/mother/stepparent)					
Section 2:	Why was the income reduced?				
<ul><li>□ Disability (Date</li><li>□ Social Security b</li><li>□ Unemployment</li><li>□ Received one-tine</li></ul>	reduced employment, or job change of disability:) enefits ended or were reduced benefits ended or were reduced me only income (for example: IRA or pension meritance, insurance settlement, moving allowance, or	☐ Child Support ended or was reduced ☐ Alimony ended or was reduced ☐ Separation or divorce ☐ Death of spouse/Death of parent(s) ☐ Payment for college tuition - other child(renetc. ☐ Other ()			
Section 3:	Required Documents				
dates and dollar families that has 2. Proof of situation recent pay stuling or layoff notice statement, legal security benefit	nation. In your words, explain in detail the reason(s) ir amounts whenever possible. Please note: Recalculate experienced involuntary reductions in income.  on. Submit documentation to verify your situation. os for yearly income, verification of untaxed income, written statement from employer regarding change.	Examples include, but are not limited to: the most unemployment benefits termination notice, retirement e or reduction in employment, physician's disability ments regarding termination of child support, social			

Cootion A.	Income Information: (match to section 1)			SELECT ONE COLUMN ONLY			
Section 4:	☐ Student	☐ Spouse	☐ Parent 1	☐ Parent 2	do not leave	e any blanks)	
		·			Calendar Year	Academic Year	
					January 1 –	July 1, 2024 –	
					December 31, 2024	June 30, 2025	
Income earned from	m work (+ estir	mated income if	applicable) – <i>Gro</i>	ss wages.	-		
<b>Income earned from work</b> (+ estimated income if applicable) – <u>Gross</u> wages, tips, etc.					\$	\$	
Unemployment Benefits					\$	\$	
Other Taxable Income – Examples include: interest, dividends, alimony,							
capital gains, rental income, taxable Social Security, etc.					\$	\$	
		ic Social Security	y, c.c.				
Child Support Received					\$	\$	
Other Non-Taxable	Income – Exa	 mnles include: w	orkers compensa	tion			
disability, pensions		•	•	-	\$	\$	
disability, perisions	, casii receiveu	or money paid c	on your benan, et	<b>.</b> .			
Severance Pay					\$	\$	
Section 5:	Student Cert	tification					
Section 5.	Student Cen	ilication					
processed if all required documentation is not provided; <b>3)</b> schools are not required to reevaluate financial aid eligibility based on a reduction of income including unemployment income received; <b>5)</b> I agree to report any increase in estimated income or resources; and <b>6)</b> if I purposefully provide false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to \$20,000, imprisonment, or both.							
Student Signature:					Date:		
Parent Signature:					Date:		
(if applicable)					Dutc		
(1) approacts							
Cascadia College is an equal opportunity institution and does not discriminate. See full statement at <a href="www.cascadia.edu/nondiscrimination">www.cascadia.edu/nondiscrimination</a> .  ***********************************							
The following chang		y <u>professional jud</u>	gment:		Parents		
Student income fror				ome from wo		<u></u> .	
Spouse income from				ome from wo		<del></del>	
AGI	\$_		AGI		\$	<del></del>	
Taxes paid	\$_		Taxes paid		\$	<del></del>	
Worksheet A	\$_		Worksheet A		\$	<del></del>	
Worksheet B	\$_		Worksheet I	3	\$		
FA Signature:			Date:				