

## 2018 - 2019 CHANGE OF INCOME REVISION REQUEST



Office of Financial aid  
12401 SE 320th Street | Auburn, WA 98092  
253-833-9111 (2449) | FAX 253-288-3473  
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<b>Part A: Student Information</b>	
Student Name:	Date:
Student ID:	Phone (Include Area Code):
<b>Part B: Type of Loss of Income and Documentation</b>	
TYPE OF CIRCUMSTANCE	EXAMPLES OF ACCEPTABLE SUPPORTING DOCUMENTATION
<input type="checkbox"/> Retirement	<ul style="list-style-type: none"> <li>▪ Letter of separation from employer or a copy of last pay stub showing earnings</li> <li>▪ Statement of retirement benefits</li> </ul>
<input type="checkbox"/> Death of parent/spouse	<ul style="list-style-type: none"> <li>▪ Copy of death certificate or obituary notice</li> </ul>
<input type="checkbox"/> Loss of employment due to layoff or termination	<ul style="list-style-type: none"> <li>▪ Letter on employer company letterhead with last date of employment or last pay stub</li> <li>▪ Copy of unemployment benefits confirming unemployment earnings OR statement of ineligibility for unemployment</li> <li>▪ Documentation of severance/buy-out package and year-to-date income</li> </ul>
<input type="checkbox"/> Change in employment status from full-time to part-time, or reduction in wages	<ul style="list-style-type: none"> <li>▪ Letter on employer company letterhead with the change effective date and confirmation of new earnings</li> <li>▪ Documentation of year-to-date earnings OR recent paystub</li> </ul>
<input type="checkbox"/> Non-recurring 2016 income – IRA or pension distributions, inheritance, unemployment benefits, other capital gains	<ul style="list-style-type: none"> <li>▪ Documentation of income type and amount</li> </ul>
<input type="checkbox"/> Marital separation or divorce	<ul style="list-style-type: none"> <li>▪ Copy of divorce decree or documentation of separation</li> <li>▪ Proof of separate residences</li> <li>▪ Documentation verifying child support/alimony you are receiving (if applicable)</li> <li>▪ Copy of W-2's (or other earning statements) from 2016</li> </ul>
<input type="checkbox"/> Non-reimbursed medical/dental expenses	<ul style="list-style-type: none"> <li>▪ Documentation of medical/dental expenses for 2017 OR 2018 (We can only utilize expenses for a single year) – DO NOT SEND MEDICAL RECORDS</li> <li>▪ If your EFC is zero you may request a budget increase, but there is no guarantee for increased aid eligibility</li> </ul>
<input type="checkbox"/> Other	<ul style="list-style-type: none"> <li>▪ Supporting documentation related to your request</li> </ul>
<b>Please include the following with your Loss of Income Revision Request:</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Supporting documentation (shown above)</li> <li><input type="checkbox"/> Typed statement describing the loss of income</li> <li><input type="checkbox"/> Standard Verification Form – only if student has <b>NOT</b> been selected for verification</li> <li><input type="checkbox"/> Federal Tax Transcript(s) from the IRS for 2016 and 2017 (<a href="http://www.irs.gov/1-800-908-9946">www.irs.gov/1-800-908-9946</a>)                             <ul style="list-style-type: none"> <li>○ We <b>cannot</b> accept personal copies of tax return forms (e.g. from a tax preparer, 1040 forms, etc.)</li> <li>○ If <b>you</b> and/or <b>your spouse/parents</b> did not and will not file a tax return, you/they must provide a written, signed statement explaining you did not file taxes in 2016 and provide documentation of any income you received (W-2s, 1099, state or federal benefits).</li> </ul> </li> </ul>	
<b>Part C: Certification</b>	
You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.	
Student Signature:	Date:
Parent Signature (Dependent Students Only):	Date:

Green River College does not discriminate on the basis of race, creed, color, national origin, gender, gender orientation, age, marital status, religion, disability, genetic information or on any other unlawful basis. The college is committed to preventing and stopping discrimination, including harassment of any kind and any associated retaliatory behavior. The following person has been designated to handle inquiries regarding the non-discrimination policies: Vice President of Human Resources, 12401 SE 320th Street, Auburn, WA 98092, (253) 288-3320 Disability Support Services at (253) 833-9111, ext. 2631; TTY (253) 288-3359.