

FACPSC Financial Aid and Scholarships Change in Income – Preliminary Review Page 1 of 2

Financial Aid and Scholarships recognizes that many families experience changes that are not reflective of the tax return data required on the FAFSA. If a special circumstance has caused a change in your household income, you may request a review of your FAFSA by submitting a Change in Income – Preliminary Review form.

Student's Legal Name			SSN/ID						
	Last		First						
Parent	1 Name			Parent 2 Name					
	Last	First		Last First					
Secti	on A: Special Circumstance (pleas	e check all b	oxes tha	at apply).					
Please	Reason for Appeal	Date of		Required Documentation					
Check		Loss		•					
			•						
	1 0			1 1					
	Student		•	Documentation of current pay (last 2 pay stubs)					
	One-Time Income Loss		•	Documentation showing source and amount of one-time					
				income					
	Student		•						
	Source			longer accessible					
	Unreimbursed medical or dental		•	Schedule A from Tax Return for specific year					
	expenses								
	Death of a Spouse or Parent		•	Death certificate, obituary or funeral program					
	Other Loss of Income (alimony, child support, retirement/pension, worker's comp, etc.)		•	Documentation of payment received (amount and effective date)					
	Source								
		uding expla	nation o	of amounts on page 2, and any additional information needed.					
	Parent 1 Name								

		FACPSC
Student Name:	SSN/ID:	Page 2 of 2

Section B: Projected Income for the Current Calendar Year*

Please list all income amounts received to date for current calendar year and amounts expected to receive in the remainder of this calendar year.

SOURCES OF INCOME	ACTUAL** (Jan 1, 20 Today)	-	ESTIMATED (Today – Dec 31, 20)		20 TOTAL
Gross Wages/Tips/Severance – Parent 1 Name:	\$	+	\$	=	
Gross Wages/Tips/Severance – Parent 2 Name:	\$	+	\$	=	
Gross Wages/Tips/Severance – Student Only if loss of income is for student	\$	+	\$	=	
Other taxable income <i>Source(s):</i>	\$	+	\$	Ш	
Taxable pensions and annuities	\$	+	\$	Ш	
Untaxable pensions and annuities	\$	+	\$	Ш	
Unemployment Benefits Name of person(s) receiving:	\$	+	\$	=	
Social Security Benefits Name of person(s) receiving:	\$	+	\$	=	
Other untaxed income <i>Source(s):</i>	\$	+	\$	=	
Child support received for all children	\$	+	\$	=	
Retirement distributions (401K, IRA, etc.)	\$	+	\$	П	
Other <i>Source(s):</i>	\$	+	\$	=	
TOTAL	\$	+	\$	=	

Please do not submit tax information (tax returns, W2's, tax return transcripts) unless specifically requested by our office! Students who submit tax documents and/or an appeal for loss of income are consenting to being institutionally selected for verification (if not selected when filling out the FAFSA) and are required to complete the process to receive aid, regardless of the appeal outcome.

Submission Agreement:

By submitting this form, I certify the information provided is accurate.

Your request will be reviewed within 14 business days. A staff member from financial aid will reach out to the student's CCU email and/or telephone number on record to request additional information, detail next steps, or answer any questions. If determined that a professional judgment appeal is beneficial, additional forms and information will be requested. If you have any questions, please feel free to reach out to a financial aid counselor at (843) 349-2313 or finaid@coastal.edu.

^{*}Use the calendar year associated with the Fall term of enrollment. For example, if applying for an adjustment for the 2023-2024 academic year, regardless of when the appeal is submitted, you will supply income information for the 2023 calendar year.