

2025-2026 Income Change Appeal Form for 2024 Income

| Student Name | Student Email | Stud | | |
|---|--|---|--|--|
| Parent(s) Name | Parent Email | Pare | | |
| Hood College recognizes that unusual capture the current financial situation Judgment, the Office of Financial Aid changes and/or unusual expenses. All Profeguaranteed to result in any additional fina | ns of our students and their may be able to make adjustmessional Judgment requests are de | families. Through the nents to your FAFSA | e use of Professional to account for financial | |
| To begin an appeal: • Return this completed form with with any supporting documentati • Please check all circumstances th After reviewing your request our officentact the Office of Financial Aid at finaid □ Decrease in Family Income after Jother wage reduction. • PLEASE COMPLETE CHART BEI | on. at apply. ce may ask for additional into the learning of t | formation. If you h | ave questions please | |
| 2023 INCOME TO DATE | PARENT 1 | PARENT 2 | STUDENT | |
| Expected Income From Work | \$ | \$ | \$ | |
| Other Income (Unemployment, Workman's | | \$ | \$ | |
| Total Expected 2023 Income | \$ | \$ | \$ | |
| • Copy o | and dated letter on company letterhead for most recent pay stub. The sentation of severance/benefits/unemplo | by ment compensation. | | |

☐ Death of parent after the FAFSA was filed

- REQUIRED DOCUMENTS:
 - Copy of death certificate.

and Schedule A; OR

Signed copy of your and/or your parent's 2023 IRS Federal Tax Return or Tax Return Transcript and W-2(s), if

□ Divorce or Separation

- **REQUIRED DOCUMENTS:**
 - Copy of separation, divorce decree or copy of mortgage/lease proving separate residences.

Itemized list of medical expenses not covered by insurance and proof of payment.

Signed copy of your and/or your parent's 2023 IRS Federal Tax Return (Form 1040) or Tax Return Transcript and W-2(s), if applicable.

| | Child 9 | | t received has ended | | |
|------|------------|------------|---|---------------------------------------|--|
| | • | • | IRED DOCUMENTS: Letter or other notification statir | ng the date the child supporten | ded. |
| | | _ | Letter of other notification statif | ing the date the office supporter | aca. |
| | Paren | | lege at least half time in a | degree-seekingprogram | |
| | • | • | IRED DOCUMENTS: | | |
| | | • | Proof of enrollment. | | |
| | Tuitio | | nents made for <u>elementary</u> IRED DOCUMENTS: | y/secondary costs for dep | endent children attending private school |
| | | - | Please provide proof of paym | | |
| | | • | Age(s) of dependent children | 1: | <u>.</u> |
| | | • | Name(s) or dependent childre | ren: | <u> </u> |
| | □Lump | sum di | stribution or non-recurring | g income in 2023 has infla | ated your Adjusted Gross Income |
| | • | Please | e note that in some cases, not all d | distributions or non-recurring in | come can be removed under |
| | | | ssional Judgment. | | |
| | • | REQU | IRED DOCUMENTS: | ć | |
| | | : | Please indicate amount here S | | Tax Return or Tax Return Transcript, an |
| | | | | | s spent and a 1099-R if applicable. |
| | Other e | | dinary expenses resulting republications | from accident, theft, natu | ural disaster or death not covered by insurance |
| | | • | Receipts for expenses. | | |
| | | | OR Other desumentation that des | monstrates proof of normant | |
| | | - | Other documentation that der | emonstrates proof of payment. | |
| | Other s | special | or unusual circumstance(s | s) | |
| | • | | | | nit a signed statement explaining the y submit the statement by mail, fax or |
| | | | | - | rm is complete and accurate to the best of imentation. We understand we must |
| | | _ | ed documentation for consider | · · · · · · · · · · · · · · · · · · · | |
| | | • | | , , | |
| Stud | dent Sign | nature _ | | | Date |
| Pare | ent Signa | ature | | | Date |
| | | | | | |
| | | | | | |
| | | _ | gned form, along with all requals. S. mail, fax, or in person. | uested documentation to th | ne Hood College Office Financial Aid. You |
| Note | : Be sur | e to suk | omit the required personal st | tatement regarding your situ | uation. |
| • Do | ocuments | mav he | hand-delivered to the Office of Fir | inancial Aid | |
| | | | nail to the address below: | | |
| (H | ood Colle | ge, Office | e of Financial Aid, 401 Rosemont . | Avenue, Frederick MD 21701) | |
| | | | sheet to (301-696-3812) | 101 1 1 2 2 | |
| • En | crypted ir | n an ema | ail and sent to our office at (finaid | d@nood.edu) with a password s | ent ın a separate email |