



RETURN TO:
 Office of Financial Aid & Scholarships
 Cal Poly Pomona
 3801 W. Temple Ave.
 Pomona, CA 91768-4008
 (909) 869-3700 Phone
 (909) 869-4757 FAX

Name of Financial Aid Applicant (please print)



 Last First Middle

Bronco Number: _____

2018 – 2019 PARENT(S) CHANGE IN INCOME FORM

You may qualify for additional funding if your parents had a reduction in income. Not all income reductions will result in an increase in the amount of your award. To have your eligibility re-evaluated, please have your parents complete both sections A and B. Please check Bronco Direct for any changes.

All supporting documentation requested must be attached to this form to continue processing.

Section A: THERE HAS BEEN A REDUCTION IN INCOME DUE TO THE FOLLOWING REASON(S):

<input type="checkbox"/> Loss of job for parent(s)	Date of Action: _____	➤ ATTACH all of the following:	<ul style="list-style-type: none"> ▪ Letter from employer showing the last date worked ▪ Most recent pay stub showing year-to-date earnings ▪ Notice of Unemployment Insurance Award (EDD) ▪ 2016 Federal Tax Return Transcript (www.irs.gov) ▪ 2016 W-2(s)
<input type="checkbox"/> Divorce <input type="checkbox"/> Separation	Date of Action: _____ _____	➤ ATTACH all of the following:	<ul style="list-style-type: none"> ▪ Supporting documentation (i.e. divorce papers, utility bill showing separate address (no cell phone bill), legal separation papers, etc) ▪ 2016 Federal Tax Return Transcript (www.irs.gov) ▪ 2016 W-2(s)
<input type="checkbox"/> Loss of parent	Date of Loss: _____	➤ ATTACH all of the following:	<ul style="list-style-type: none"> ▪ Supporting documentation (i.e. death certificate) ▪ 2016 Federal Tax Return Transcript (www.irs.gov) ▪ 2016 W-2(s)
<input type="checkbox"/> Loss of Benefits	Which Benefit (i.e. Disability, TANF, etc.): _____	➤ ATTACH all of the following:	<ul style="list-style-type: none"> ▪ Letter from agency with date of termination and total paid in 2016 ▪ 2016 Federal Tax Return Transcript (www.irs.gov) ▪ 2016 W-2(s)
<input type="checkbox"/> Reduced Work Hours	Date Reduction Occurred: _____	➤ ATTACH all of the following:	<ul style="list-style-type: none"> ▪ Most recent pay stub showing year-to-date earnings ▪ 2016 Federal Tax Return Transcript (www.irs.gov) ▪ 2016 W-2(s)
Hourly Pay Rate: \$ _____ Hours worked per week: _____		<input type="checkbox"/> Other	➤ ATTACH all of the following:
			<ul style="list-style-type: none"> ▪ Appropriate documentation which shows dollar amount received ▪ 2016 Federal Tax Return Transcript (www.irs.gov) ▪ 2016 W-2(s)
Please explain : _____			

Section B: PROJECTED INCOME AND RESOURCES:

DO NOT LEAVE BLANKS. Put zero (0) if the answer is zero.

\$ _____ Father's earnings from January 1, 2018 to December 31, 2018.

\$ _____ Mother's earnings from January 1, 2018 to December 31, 2018.

\$ _____ Unemployment benefits: ATTACH a copy of eligibility letter even if no benefits were granted.

\$ _____ Other taxable income (e.g. spousal support, survivor benefits, pension, etc.). Specify type below and ATTACH appropriate documentation. List type of other taxable income: _____

\$ _____ Benefits: (e.g. Social Security, TANF, Worker's Comp, Disability) ATTACH copy(s) of eligibility payments.

\$ _____ Other untaxed income: (e.g. child support, rental income, etc.) Specify type below and ATTACH appropriate documentation. List type of untaxed income: _____

Section C: REVIEW AND SIGN:

My signature below certifies that this information is true. I authorize verification of this information by the Office of Financial Aid & Scholarships. I will contact the Office of Financial Aid & Scholarships if the projected income reported above changes at any time.

 Parent Signature Date Student Signature Date