



### 2016-2017 FAFSA Income Adjustment Appeal

Use this FAFSA Income Adjustment Appeal Form to report unusual circumstances that have significantly reduced your family income which are not reflected on your 2016-17 Free Application for Federal Student Aid (FAFSA) form.

- You must be admitted to Delaware College of Art and Design (DCAD)
- FAFSA must be on file in financial aid office prior to submission of this appeal form.
- Current Expected Family Contribution (EFC) from FAFSA must not be "0" which yields maximum financial aid.

**Appeal outcomes may or may not change your family Expected Family Contribution (EFC) calculated from your FAFSA which determines your subsequent financial aid eligibility.**

Student's First Name:	Last Name:	Student (Last four digits of SS#): XXX-XX- ____
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**My 2016 family income will be significantly lower than my 2015 income due to (check and complete all that apply):**

Circumstance(s)	Who? First Name	Last Name	Relationship	Attach (as applicable)
<input type="checkbox"/> <u>Unemployment or</u> <input type="checkbox"/> <u>Reduction in hours</u>			<input type="checkbox"/> Student <input type="checkbox"/> Father or Step Father <input type="checkbox"/> Mother or Step Mother	<input checked="" type="checkbox"/> A detailed letter explaining your current situation.
From: ____/____/____ <small>Month Day Year</small> To: ____/____/____ <small>Month Day Year</small>				<input checked="" type="checkbox"/> Last pay stub reflecting <b>most recent</b> year-to-date earnings.
				<input checked="" type="checkbox"/> Documentation detailing unemployment compensation you are receiving or have received in 2015.
				<input checked="" type="checkbox"/> 2015 W-2s.
<input type="checkbox"/> <u>Unemployment for or</u> <input type="checkbox"/> <u>Reduction in hours</u>	Who? First Name	Last Name	Relationship	Attach (as applicable)
From: ____/____/____ <small>Month Day Year</small> To: ____/____/____ <small>Month Day Year</small>			<input type="checkbox"/> Student <input type="checkbox"/> Father or Step Father <input type="checkbox"/> Mother or Step Mother	<input checked="" type="checkbox"/> A detailed letter explaining your current situation.
				<input checked="" type="checkbox"/> Last pay stub reflecting <b>most recent</b> year-to-date earnings.
				<input checked="" type="checkbox"/> Documentation detailing unemployment compensation you are receiving or have received in 2015.
				<input checked="" type="checkbox"/> 2015 W-2s.
<input type="checkbox"/> <u>Separation or</u> <input type="checkbox"/> <u>Divorce</u> <u>not reported on the FAFSA.</u>				<input checked="" type="checkbox"/> Proof of separation or <input checked="" type="checkbox"/> Divorce Decree

<input type="checkbox"/> <u>Tuition expenses at an elementary or secondary school (other than applicant's).</u>				✓ Tuition statement reflecting charges for the 2015-16 academic year.
<input type="checkbox"/> <u>2015-16 Medical/Dental expenses paid (not covered by insurance).</u>				✓ Detailed listing and documentation of medical expenses already paid in 2015. (Receipts)
				✓ Detailed listing and documentation of medical expenses that family will pay in 2015.
<input type="checkbox"/> <u>Termination of Social Security Benefits</u> As of: ___/___/___ Month Day Year				✓ Documentation from Social Security Office. (ex. Letter, Notice of Benefits)
<input type="checkbox"/> <u>Termination of Child Support Benefits.</u> As of: ___/___/___ Month Day Year				✓ Documentation from Division of Child Support or other legitimate source (ex. Court Order, Letter from noncustodial parent acknowledging termination of payments).
<input type="checkbox"/> <u>One-time 2015 adjustments to income (taxed or untaxed).</u>				✓ Letter and documents detailing source and reason. (Ex. One time Pension Withdrawal)
<input type="checkbox"/> Other. Explain in detail on a separate page				✓ Attach Supporting Documentation.

**With all appeals, the accuracy of information provided on the FAFSA and this Appeal Form must be verified.**

**FAFSA Verification information required:**

✓ 2015-17 Verification Worksheet Dependent Student or	Download from <a href="http://www.dcad.edu">www.dcad.edu</a> admissions to financial aid to other resources to forms
✓ 2016-17 Verification Worksheet Independent Student (if student not dependent on parent income )	Download from <a href="http://www.dcad.edu">www.dcad.edu</a> admissions to financial aid to other resources to forms
✓ Request 2015 IRS Data Retrieval or	<a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a>
✓ Student 2015 Federal Tax Return Transcript and/or	visit <a href="http://www.irs.gov">www.irs.gov</a> or call 800-908-9946
✓ Parents' 2015 Federal Tax Return Transcript - if applicable	visit <a href="http://www.irs.gov">www.irs.gov</a> or call 800-908-9946

**Please note:** We may request additional documentation from you in order to review your appeal. The FAO uses professional discretion on case-by-case basis for outcomes. I/We understand that, as part of the appeal and verification process, my income may or may not be adjusted; resulting in increased or decreased aid eligibility, based on the documents submitted. **I/we certify that the information on this form is true, accurate, and complete to the best of my/our knowledge. If asked, I/we agree to provide proof of the information provided on this form.**

\_\_\_\_\_  
Student's Signature    Date    Parent's Signature    Date

**Upon receipt of all required information, the Financial Aid Office will review, call you with any questions, and carefully process your appeal to determine what adjustments to make to your 2016-17 FAFSA, as warranted.**

**Please return this FAFSA Income Appeal with your Verification Worksheet and all supportive documents to:**

Delaware College of Art and Design, Attn: Financial Aid Office 600 N. Market Street Wilmington, Delaware 19801  
Or Fax/Email: 302-792-7101