

DOCUMENTATION FOR ALL INCOME ADJUSTMENT REQUESTS:

*If income change was from **previous tax year (2020)**, please attach a copy of the following:

1. Signed copies of 2019 & 2020 Federal Tax Return and schedules 1, 2 and 3; **if filed**
2. Copies of W2s, 1099s and any other supporting documents to prove your Income reported on your tax returns for both years

*If income change is in your **current year (2021)**, please attach a copy of the following:

1. Signed copies of 2019 & 2020 Federal Tax Return and schedules 1, 2 and 3; **if filed**
 2. Copies of W2s, 1099s and any other supporting documents to prove your Income reported on your tax returns for both years
 3. Letter from all **previous** employer(s) stating what your earnings were up to your last date of employment
 4. A letter from your **current** employer(s), stating what your earnings are up to the date of this form and what your expected earnings will be for the remainder of this calendar year
- or**
5. If unemployed, items 1-3, and attach proof of amount of unemployment compensation benefits and when the date your benefits end

If you didn't file taxes and/or work, a written statement stating you Did Not file taxes and why you were exempt from filing **and**

1. Documentation from all income source(s) stating when your benefits ended and what dollar amount was received for the year from the source that ended.

If submitting this form **after December 31, 2021**, you must also submit a signed copy of your 2021 1040 Federal Tax Return and Schedules 1; 2 and 3 if applicable & all W2s and other documents supporting Income received.

UNTAXED INCOME MUST BE DOCUMENTED FOR ALL INCOME ADJUSTMENT REQUESTS

(Include **all** untaxed resources including Alimony, Child Support, Vocational Rehabilitation, Social Security, Disability, Unemployment Benefits, cash received or bills paid on your behalf.)

Source(s)	Amount(s)	Current Assets (stocks, bonds, CDs, rental real estate value, cash, checking, and savings accounts)	
		Value if sold	Amount Owed
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Un-reimbursed Medical Expenses paid in the most recent tax year: \$_____ (Documentation of incurred and paid expenses **MUST** accompany this form & is 11% or more of your Adjusted Gross Income)

How many people are in your household? _____ (include your spouse or partner, if applicable, and only those that receive 50% or more of their support from you during July 2021-June 2022)

How many people plan to attend college at least half time during July 2021-June 2022? _____

SIGNATURES:

Student: _____ Date _____

Parent (*Dependent Student Only*) _____ Date _____

FINANCIAL AID OFFICE USE ONLY:

Date Approved _____ Corrections Sent _____ RRAAREQ Updated _____
 Date Denied _____ Date Email Sent to Student's UMW email account _____