



2021-2022 Request For Income Adjustment

Student Name: _____ **CWID #:** _____

Federal Student Aid is based on the gross annual income from the previous tax year. If your income has recently changed or you have special circumstances that were not taken into account on your FAFSA, we may be able to reevaluate your financial need base. For dependent students, we will consider both student and parent income. For independent students, we will consider student and spouse (if applicable) income.

Unfortunately, there are certain circumstances that we **cannot** consider based on personal choices, such as expenses for car payments, consumer debt, personal bankruptcy, housing, school loan payments, or other frivolous spending.

IMPORTANT:

- **Not all requests will result in a change in federal student aid eligibility**
- **You may only submit one request per academic year**
- **Incomplete requests will not be considered and will ultimately be denied**
- **The CMN Financial Aid Coordinator’s decision is final and cannot be appealed.**

WHAT YOU NEED TO DO

- Complete Sections I through V of this form
- Return this form and all required documentation to the CMN Financial Aid & Scholarships office

SECTION I – Reason for Request of Income Adjustment	
<input type="checkbox"/> Loss OR change of employment. Consideration will be given after July 1, 2021	
<input type="checkbox"/> Student <input type="checkbox"/> Spouse (if married)	<input type="checkbox"/> Mother (Step-mother) <input type="checkbox"/> Father (Step-father)
<input type="checkbox"/> Loss of untaxed income	
<input type="checkbox"/> Child Support <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other _____	
<input type="checkbox"/> Loss of a Family Member	
<input type="checkbox"/> Student divorce or separation <input type="checkbox"/> Parent divorce or separation	<input type="checkbox"/> Death of a Spouse <input type="checkbox"/> Death of a Parent
<input type="checkbox"/> Unusual medical, dental or handicapped related expenses	
<input type="checkbox"/> Other _____	

SECTION II - Statement of Situation
<p>In a TYPED statement, please explain your financial situation using dates and specific details. You must address all sources of income that you, your spouse (if applicable as an independent student) and your parents (if applicable as a dependent student) receive or expect to receive in the next year. Failure to provide specific details regarding your situation will result in the denial of your request.</p>

SECTION III - Required Documentation

ALL Requests

- Copy of 2019 IRS Tax Transcript OR successful LINK of IRS data
- Copy of all 2019 W2 forms
- Completed Verification Worksheet

Loss of employment

(must be unemployed for at least 6 weeks prior to request)

OR

Change of employment

NOTE: If you, your spouse or parent have held more than one job but are no longer working at any of them, you must provide verification of non-employment for each.

Loss of employment

- Letter from previous employer indicating last day worked
- Copy of your last pay stub or letter containing Year to Date earnings
- Statement of benefits from unemployment agency

Change of employment

- Letter from previous employer indicating last day worked
- Copy of your last pay stub from previous employer containing Year to Date earnings
- Copy of most recent pay stub or letter from new employer stating rate of pay and average hours worked per week.

Loss of untaxed income

Child Support

- Letter from child support enforcement agency or divorcee decree showing date of last payment
- Documentation of new monthly amount of child support for other minor children in the household (if applicable)

Workers Compensation

- Copy of termination of benefits letter from Workers Compensation
- Documentation of monthly benefit amount prior to termination

Other

- Copy of letter from the agency that provided benefits detailing termination and summary of benefits

Loss of a Family Member

Divorce or separation

- Divorce Decree, court judgment entry, letter from an attorney or clergy person
- Documentation verifying custody of minor children involved
- Documentation verifying child support received or paid for minor children involved

Death

- Death Certificate or obituary notice

Unusual medical, dental or handicapped related expenses

- Copy of Schedule A – Itemized Deductions from the 2019 Federal Tax Return
- If you did not complete a Schedule A – Itemized Deductions in 2019, submit an itemized list of medical expenses paid **AND** copies of receipts or canceled checks for **each** medical expense.
An Explanation of Benefits from the insurance company will NOT be considered proof of payment.

Other

- Signed statement from student, parent or other individual explaining your circumstances.
- Pertinent documents supporting your request for special consideration, such as bank statements, prior year tax return, court documents, etc.

SECTION IV – Estimated Income

Please provide an estimate of your current income. It is important that you provide figures for an entire 12 month period. **Include ALL income you expect to receive from January 1, 2021 through December 31, 2021.** If an item does not apply to you please enter “0”. If you will receive some income for part of the year please include beginning and ending dates.

Type of Income	Parent		Student	
	Father	Mother	Student	Spouse
Gross wages, tips, salaries, severance pay	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment benefits	\$ _____		\$ _____	
Social Security benefits for all family members	\$ _____		\$ _____	
Retirement/Pension benefits	\$ _____		\$ _____	
Self-Employment	\$ _____		\$ _____	
Farm Income	\$ _____		\$ _____	
Rental Income	\$ _____		\$ _____	
Interest/Dividend Income	\$ _____		\$ _____	
Workers Compensation	\$ _____		\$ _____	
Child Support received for all minor children in the household	\$ _____		\$ _____	
Public Assistance	\$ _____		\$ _____	
Alimony	\$ _____		\$ _____	
Other _____	\$ _____		\$ _____	

SECTION V – Statement of Certification

I certify that the information contained in this Request for Special Consideration is true to the best of my knowledge and if requested, I agree to provide CMN Financial Aid and Scholarships office with further documentation for any information provided on this form. If my financial situation or circumstances change from what is indicated in this request, I agree to notify the CMN Financial Aid and Scholarships office.

Student Signature _____

Parent Signature _____

Date _____

Warning:
If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Return form to:
The College of the Muscogee Nation
2170 Raven Circle
P.O. Box 917
Okmulgee, OK 74447
Phone: 918.549.2800
Fax: 918.759.6942
financialaid@cmn.edu

You should make a copy of this worksheet for your records.