



ALLAN HANCOCK COLLEGE
 Financial Aid Office
 800 South College Drive
 Santa Maria, CA 93454-6399
 (805) 922-6966, Ext. 3200

NAME: _____

ID# :

H

PHONE #: _____

ADDRESS: _____

2022-23 PROJECTED-YEAR INCOME APPEAL (PARENT)

Please supply all requested information and documentation including your parents' 2020 signed IRS tax return, or tax return transcripts, unless they were previously submitted during the Verification process or your parents utilized the Data Retrieval Tool when completing your FAFSA. Income appeals must be received by the financial aid office no later than May 6, 2023. Please mail your appeal and all requested documentation to the address above.

Income Appeals are allowed to increase a student's eligibility for financial aid based upon changes in the parents' income and resources since the 2020 base year. We can utilize the 12-month period that maximizes a student's eligibility for financial aid, but the time period cannot be before the base year and cannot extend beyond the end of the academic year (June 30, 2023). Please check below which 12-month period you would like the financial aid office to use to calculate your financial aid eligibility (only choose one):

- The 2021 tax year (January 1, 2021 – December 31, 2021) Provide your parent's 2021 signed tax return
- The 2022 tax year (January 1, 2022 – December 31, 2022) Provide 2022 parent's signed tax return if available
- The current academic year (July 1, 2022 – June 30, 2023) Not available to use until after 1/1/2023

1. Indicate the parent(s) whose **TOTAL INCOME and BENEFITS** from all sources for the period indicated above, was/will be **LESS** than the total amount received in 2020. Report income and benefits for the parent(s) whose information you reported on the FAFSA:

2. PARENT and/or PARENT 2

My/our total income and/or benefits have been, or will be, reduced in because: _____

ATTACH DOCUMENTATION to show why and when income and/or benefits mentioned above were reduced or terminated (e.g., letter from employer, termination or layoff letter, benefits letter from appropriate agency, etc.).

2. Report all **BENEFITS, EARNINGS** and **OTHER INCOME** (INCLUDING parent 2) for all of the period indicated above

List each employer, and each source of support, benefits, or other income for the period indicated above (A and B below)	Parent(s) or Parent 2 (SP) (Circle one)	Amount received (to date) since Beginning of period indicated above (A)	Estimate Additional Amount to be received from today through the end of the period indicated above (B)	Total
	<u>P1/P2</u>	\$	\$	\$
	<u>P1/P2</u>	\$	\$	\$
	<u>P1/P2</u>	\$	\$	\$
	<u>P1/P2</u>	\$	\$	\$

- A. Include income from unemployment insurance, law suits, legal settlements, sales of assets, pensions, annuities, severance packages, death benefits, life insurance, state disability, child support, spousal support, alimony, withdrawals from retirement accounts, Workers Compensation, and any other source of support or income including BAH and parsonage.
- B. If you chose the current academic year above, ESTIMATE parent 1 (and parent 2) earnings, benefits, and all other income expected to be received through June 30, 2023. For each item show calculations on an attached sheet.

3. Attach **REQUIRED DOCUMENTATION**: Attach a signed copy of 2020 IRS tax return or tax return transcripts (including W-2 forms) unless previously submitted and documentation for each item listed above in Section 2 (e.g., final or most recent paystub, agency benefits form, divorce decree, account statements, etc.). If parent and/or parent 2 has earnings from a business then a signed copy of the 2021 federal tax return or tax return transcripts are required.

