



## 2017-2018 PARENT INCOME ADJUSTMENT FORM

|                     |                          |
|---------------------|--------------------------|
| Student Name: _____ | Student ID or SSN: _____ |
| Parent Name: _____  |                          |

### **Parent(s):**

use this form to report a substantial loss in your total taxed and untaxed 2016 income compared to your total 2015 income. The form must be complete and required document(s) attached to verify all the below reported amounts. If not, the form will be returned to you.

### **Please note:**

- if the Expected Family Contribution (EFC) from the above student's 2017-2018 Free Application for Federal Student Aid (FAFSA) already is \$0, completing this form will *not* result in additional aid eligibility. Check the 2017-2018 FAFSA to confirm the calculated EFC. If the EFC is \$0, do not proceed.
- a special circumstance or request for adjustment is viewed as a one-time occurrence when determining a student's aid eligibility. A subsequent request for adjustment may be considered in rare instances.
- if you used 2015 estimated income on the student's 2017-2018 FAFSA, this form will not be processed until you have updated the 2017-2018 FAFSA with complete/accurate 2015 income and tax information.

### **Attach parent(s)' income documentation to this form:**

- a signed copy of your **2015** 1040/1040A/1040EZ federal income tax return or a copy of a 2015 IRS Tax Return Transcript
- **2015** W-2s
- ***You do not need to submit a copy of your 2015 federal tax documents and W-2s if copies were submitted to the Student Financial Aid office for the 2016-2017 academic year.***
- a signed copy of your **2016** 1040/1040A/1040EZ federal income tax return or a copy of a 2016 IRS Tax Return Transcript
- **2016** W-2s

**Explain income loss** (due to layoff/divorce/retirement/death/other): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Household Size** - if income loss is due to divorce, separation, or death, list family members currently in your household:

\_\_\_\_\_

**I certify that all information reported to qualify for federal student aid is complete and correct. I agree to notify the SFA Office if other income is received after submitting this form.**

\_\_\_\_\_  
**Parent Signature** (handwritten, not typed)

\_\_\_\_\_  
**Date**

Submit form with supporting documentation to:

UW Colleges Student Financial Aid Office  
780 Regent St, Suite 130  
Madison, WI 53715-2635