

 GEORGIA PIEDMONT TECHNICAL COLLEGE	2018-2019 Office of Financial Aid	Student Name _____ Student ID # 900 _____
STUDENT'S PROJECTED YEAR INCOME REVIEW 2018-2019		

The Office of Financial Aid realizes that some students and their families may experience special circumstances which cause a reduction in their income that impacts their ability to contribute to college costs.

If you and/or your spouse have experienced one of the special circumstances outlined below, please complete the attached application to request re-evaluation of your financial need. **A submission of this review form does not guarantee a favorable change in your financial aid eligibility. The change in your family's financial resources must be substantial. Dependent students are not permitted to file a Student Projected Year Income Review. Please note that The Office of Financial Aid does not typically re-evaluate any student's financial aid file until they have received their initial award letter and until the conclusion of the peak-awarding season.**

Make sure you attach all requested documentation for one of these special circumstances listed below. *An incomplete request will be denied.*

Death of Spouse

- Submit a letter documenting this special circumstance.
- Submit a copy of the death certificate or equivalent.
- Complete Sections 1, 2 & 3 of this form. Fill out Section 2 with your income. Attach documentation to support all income listed (i.e., last pay stub, life insurance benefit, etc.).
- Submit a copy of you and your spouse (if applicable) 2017 IRS Tax Transcript along with the GPTC Household Members and Number in College Form.

Marital Separation, Pending Divorce, or Divorce (Parent's must live in separate residences).

- Submit a letter documenting this special circumstance.
- Submit documentation of separation (legal separation documentation, attorney's letter, or documentation of separate residences). If no legal document exists a notarized statement is acceptable.
- Copy of Divorce Decree (if Divorced).
- Submit a statement listing benefits and/or support received as a result of the separation or divorce.
- Complete Sections 1, 2 & 3 of this form. Fill out Section 2 with your income. Attach documentation to support all income listed (i.e., last pay stub, alimony received, etc.).
- Submit a copy of you and your spouse's (if applicable) 2017 IRS Tax Transcript along with the GPTC Household Members and Number in College Form.

Separation from Work due to Layoff or Termination (unemployment must have occurred for at least 8 weeks).

- Submit a letter documenting this special circumstance.
- Submit a letter of job status change from employer. Letter must be on company letterhead and should list dates of employment and date of termination.
- Complete Sections 1, 2 & 3 of this form. Fill out Section 2 with income information from your information. Attach documentation to support all income listed (i.e., ending pay stub, unemployment compensation, severance pay, expected earnings etc.).
- Submit a copy of you and/or your spouse's (if applicable) 2017 IRS Tax Transcript along with the GPTC Household Members and Number in College Form.

Change in Job Status such as Reduction of work hours, Retirement, Permanent Disability, etc.

- Submit a letter documenting this special circumstance.
- Submit a letter of job status change from employer. Letter must be on company letterhead and should list the date reduction of hours occurred.
- Complete Sections 1, 2 & 3 of this form. Fill out Section 2 with your income information. Attach documentation to support all income listed (i.e., most recent pay stub, calculation of expected earnings etc.).
- Submit a copy of you and/or your spouse's (if applicable) 2017 IRS Tax Transcript along with the GPTC Household Members and Number in College Form.

Loss of Benefits or Non-Recurring Income (Benefits received in 2016 that won't be available in 2017).

- Submit a letter documenting this special circumstance.
- Letter should outline reduction or termination of benefits. Indicate the date of loss or reduction (i.e., if benefit was a non-recurring benefit please explain). Complete Sections 1, 2 & 3 of this form. Fill out Section 2 with your income information. Indicate total projected earnings for 2017 on the form.
- Submit copy of you and/or your spouse's (if applicable) 2017 IRS Tax Transcript along with the GPTC Household Members and Number in College Form.



2018-2019
Office of
Financial Aid

Student Name _____
Student ID # **900** _____

STUDENT'S PROJECTED YEAR INCOME REVIEW 2018-2019

NAME: _____ ADDRESS: _____

SECTION 1: REASON FOR REVIEW

Please check one or more circumstance(s) that applies to your situation. Attach a letter of explanation detailing your family's special circumstance. In addition to your letter, attach all appropriate documentation listed on the cover sheet of this application. An incomplete request will be denied.

- Death of Spouse
 Marital Separation
 Pending Divorce, or Divorce
 Change in Job Status
 Separation from Work due to Layoff or Termination
 Loss of Benefits or Non-recurring Income

SECTION 2: PROJECTED YEAR INCOME

Indicate the expected year income for you and your spouse. Attach all appropriate documentation to verify your earnings and income for 2017.

STUDENT'S 2017 EXPECTED INCOME:	<u>Year-to-date Earnings</u>	<u>Earnings for Remainder of Year</u>	<u>Total</u>
2017 income earned from work by student	\$ _____ + \$ _____ =		\$ _____ (a)
2017 income earned from work by spouse	\$ _____ + \$ _____ =		\$ _____ (b)
Total Income Earned from Work: (add a through b)			\$ _____

2017 OTHER INCOME:	<u>Year-to-date Income</u>	<u>Earnings for Remainder of Year</u>	<u>Total</u>
AFDC/Welfare Benefits:	\$ _____ + \$ _____ =		\$ _____ (c)
Retirement benefits:	\$ _____ + \$ _____ =		\$ _____ (d)
Social Security Benefits:	\$ _____ + \$ _____ =		\$ _____ (e)
Unemployment Benefits/Disability:	\$ _____ + \$ _____ =		\$ _____ (f)
Business/Farm Income:	\$ _____ + \$ _____ =		\$ _____ (g)
Rental Property Income:	\$ _____ + \$ _____ =		\$ _____ (h)
Alimony:	\$ _____ + \$ _____ =		\$ _____ (i)
Child Support:	\$ _____ + \$ _____ =		\$ _____ (j)
Other: (specify)	\$ _____ + \$ _____ =		\$ _____ (k)
Total Other Income: (add c through k)			\$ _____

SECTION 3: CERTIFICATION

I/WE HEREBY CERTIFY THAT ALL INFORMATION REPORTED IS TRUE, COMPLETE AND ACCURATE. FALSE STATEMENTS OR MISREPRESENTATIONS WILL BE CAUSE FOR DENIAL, REDUCTION, WITHDRAWAL, AND/OR REPAYMENT OF FINANCIAL AID.

Signatures are required for all persons reporting income above.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

OFFICE USE ONLY:	DATE PROCESSED:
Project Year Income:	<input type="checkbox"/> Approved (if already awarded, a revised award will be issued within 7 days)
Appeal Status:	<input type="checkbox"/> Approved, Eligibility Remains Unchanged
	<input type="checkbox"/> Denied
Comments:	

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