

## INCOME APPEAL FORM DUE TO SPECIAL CIRCUMSTANCES 2025-2026 ACADEMIC YEAR

**Financial Aid** 

2500 E. Nutwood Ave. Fullerton, CA 92831 (714) 879-3901 x2638 FAX (714) 681-7421

Information provided to our office suggests that you or your parent(s) received less income in 2024 than in 2023. To determine the impact this may have on your eligibility for financial aid, complete this form in its entirety, and provide your "best guess" of income, entering "\$0" when appropriate. **Please print all responses.** Return the completed form to the above address. If you receive additional grant funds as a result of your appeal, the University will require that you make use of all loan funds offered to you. If you do not use the loans, you may forfeit the additional grant funds. Completing this form allows the Office of Financial Aid to determine if any (or additional) aid resources may be available to the student. It is not a guarantee.

Student's Name:	HIU ID#:				
Person Affected:	Relationship to Student:				
Give the reasons for the change in income, effective for 2025.	date, and provide a brief explanation of why a difference in income is expected				
☐ Benefits stopped or reduced as of//	□ Death on/ □ Divorce/Separation on//				
☐ Source:					
☐ Unemployment, as of/	☐ One-time occurrence of income received on//				
☐ Other:	☐ Source:				

## Please submit the following documents:

- Verification Worksheet
   Found online at: http://www.hiu.edu/undergrad/finaid/forms/
- Copy of 2024 Tax Return Transcripts
- W-2's
- Separation notice (if applicable)
- Last pay stub (most recent pay stub if applicable)
- Unemployment Summary (if applicable)
- If new employment copy of pay stub
- · Documentation of untaxed income

The parent(s) you live with are responsible for providing information on the federal application (*FAFSA*). If the income of a custodial parent is expected to be significantly different in 2025, **complete all five "parent lines" for each time period.** 

If your income is expected to be significantly different in 2025, complete all three "student lines" for each time period.

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Oth Unit Student Wa Unit and Oth	nemployment Compensation ther Taxable Income <sup>1</sup> ntaxed Income <sup>2</sup>	\$\$ \$\$	00	\$ \$	.00	
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and Oth		\$	00	\$	.00	
	nemployment Compensation					
<b>Spouse</b> Uni	ther Taxable Income <sup>1</sup>	\$	00	\$	.00	
	ntaxed Income <sup>2</sup>	\$	00	\$	.00	
	ude alimony, annuities, business any other taxable income source		gains, ii	nterest/divide	ends, pensions, rents, taxable so	cial security,
<sup>2</sup> Work	kers comp, disability, money rec	eived on your behalf, child	suppor	t received, VA	non-education benefits.	
	: This information is complete ar e or misleading information I ma				etermine eligibility for federal f	inancial aid, and that
Student Signature	e	Date			()	
Signature of the Ai	Affected Parent	Date			() Daytime phone of the Affecte	ed Parent
		FOR OFFICI	E USE	ONLY		
Notes:						Approved  Denied