

2015–2016 Adjustment of Income

Name	Student ID number @	Phone number
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Use this form to report household income changes that have occurred for you and/or your family since you filed your Free Application for Federal Student Aid (FAFSA). It's critical that you explain in detail the current financial situation of you and/or your family. This will allow the Financial Aid office to determine whether your aid eligibility can be recalculated.

For the Financial Aid office to evaluate your new situation, you must provide the following information:

- A letter detailing:
 - The date and circumstances regarding any loss or reduction of income.
 - How this loss of income has affected you and/or your family and what financial support remains available. Please be thorough in your explanation.
 - Work history for all household members for the past 12 months. Include start and end dates for each job. Please indicate if the household member is still working.
- A letter of separation from former employers for any unemployed household members. (If available.)
- A copy of the Unemployment Benefit Payment History or Statement of Ineligibility for any unemployed household members. For help, see www.michigan.gov/uia.
- A copy of the most recent pay stubs for all household members currently working. These pay stubs must include year-to-date earnings.
- Documentation regarding severance pay that any family member received.
- Documentation of any other types of income that members of the household are currently receiving, such as welfare, Social Security, child support, and spousal support.
- A Dependent Verification Worksheet or Independent Verification Worksheet for 2015/2016, depending on your status. These forms are available at the Financial Aid office or by visiting our website at wccnet.edu/financialaid and then clicking the Forms link.
- A copy of your 2014 federal income tax transcript (and if applicable, your spouse's or parent(s)).

Financial Aid office
 Phone: 734-973-3523
 Fax: 734-677-5281
 Email: finaid@wccnet.edu

I certify that the information on this form is true and complete to the best of my knowledge. If required, I agree to provide the Financial Aid office with further proof of the information on this form. I also understand that additional financial assistance is not guaranteed.

Student signature	Date
Parent signature	Date