

Last Name

First Name

M.I.

OASIS Student I.D. (000-000-000)



For office use only

2021-2022 Income Change Form

Your financial aid award for the 2021-2022 academic year is based on 2019 income information. **If your circumstances have changed since the filing of your 2021-2022 FAFSA, you may petition our office for a special review.** Your 2019 and 2020 federal income taxes must be filed for us to consider an adjustment. We cannot consider anticipated changes in income and not all income reductions will result in an increase in the amount of your financial aid.

To have your eligibility re-evaluated, please complete the relevant section below and include all required attachments. **A signed/typed statement detailing the change(s) in income and how it has affected you and your family is REQUIRED.** Any Income Change Form submitted without a statement will not be processed. Please note that submission of this form does not guarantee approval. Please allow 2-3 weeks for processing from the date that completed documents are received. Notification will be provided to the student via their CSUMB email.

✓ Submit all documents as one packet by **mail or in person*** to the **Financial Aid Office.**

By Mail: CSUMB Financial Aid Office Student Services Bldg. 47/3rd Floor 100 Campus Center, Seaside CA, 93955	In Person*: CSUMB Financial Aid Office Student Services Bldg. 47/3rd Floor	Questions: Phone: 831-582-5100 Email: financial_aid@csumb.edu Website: https://csumb.edu/financialaid
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* CSUMB remains closed due to the COVID protocols. Please check csumb.edu for updates on when in-person services will be available.

Section A: There Has Been A Reduction In Income Due To The Following Reason(s):	
Select One Reason for Review	Required Supporting Documentation *Must submit all documents listed in the section that applies*
<input type="checkbox"/> Change in Employment <ul style="list-style-type: none"> Loss of Employment Loss of Benefits Reduction of Employment Date of Action: _____	<input type="checkbox"/> Notice of unemployment benefits/disability benefits or denial letter from employer showing the last date worked <input type="checkbox"/> Copy of most recent pay stub showing year-to-date earnings <input type="checkbox"/> 2019 Federal Tax Return Transcript (www.irs.gov) or have used the Data Retrieval Tool (DRT) successfully <input type="checkbox"/> 2019 W-2's <input type="checkbox"/> Attach a signed/typed statement regarding the change(s) in income and how you and your family are supporting yourselves.
<input type="checkbox"/> Change in Family Situation <ul style="list-style-type: none"> Death Divorce Separation Date of Action: _____	<input type="checkbox"/> Supporting documentation (i.e. divorce papers, legal separation papers, death certificate) <input type="checkbox"/> 2019 Federal Tax Return Transcript (www.irs.gov) or have used the Data Retrieval Tool (DRT) successfully <input type="checkbox"/> 2019 W-2's <input type="checkbox"/> Attach a signed/typed statement regarding the change(s) in income and how you and your family are supporting yourselves.
<input type="checkbox"/> Loss of One-Time Payment Date of Action: _____	<input type="checkbox"/> Clarification (i.e. IRA distribution, sale of property, inheritance, Form 1099) <input type="checkbox"/> Explanation of how income was used <input type="checkbox"/> Attach a signed/typed statement regarding the change(s) in income.

