



**2023-2024 Income Adjustment Petition – Independent**

PY-STU

Name: \_\_\_\_\_ Evergreen ID A \_\_\_\_\_  
(print) Last First MI

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street City State ZIP

This petition is designed to allow us to compare your 2022 income with the 2021 income information you provided on your Free Application for Federal Student Aid (FAFSA). If this petition is approved, your financial aid will be adjusted for 2023-2024.

Please provide all of the following documentation check the box that applies to your situation and fill in the untaxed information section:

1. A detailed letter explaining your family’s circumstances and what has changed, and
2. Your **2022** Tax Return Transcripts from the IRS. If you will not file taxes for 2022, please include this information in the letter.

Please check the box that reflects your situation.

My family’s income has declined in 2022 due to:

unemployment, retirement, change of employer, reduction in hours, a one-time income received in 2021, death of a wage earner, divorce/separation, Permanent or total disability

**2022 Untaxed Income Information**

<b>Please circle all that apply and put the total amount in the column to the left. If it does not apply, please put \$0 or N/A</b>	<b>Student</b>	<b>Spouse</b>
Payments to tax-deferred pension and savings plans. IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh payments and other qualified plans	\$	\$
Child support received. Tax exempt interest income. Untaxed portions of pensions or IRA distributions	\$	\$
Housing, food and other living allowances paid to members of the military, clergy. Veterans’ non-education benefits. Workers’ compensation. Disability. Money received or paid on your behalf.	\$	\$

**Did you or your spouse pay child support during 2022?**  Yes  No

If yes: Number of months \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

**I certify that the information on this form is true and complete to the best of my knowledge.**

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of Financial Aid**