

## 2025-2026 Income Adjustment Petition – Independent For 2024 Income Information

Name:				Eve	Evergreen ID <u>A</u>		
	(print)	Last	First	MI	C C		
Address:					Phone: ()		
	Street		City	State ZIP			

This petition is designed to allow us to compare your 2024 income with the 2023 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 2025-2026.

Please provide <u>all</u> 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 **2024** Tax Return Transcripts from the IRS. If you will not file taxes for 2024, please include this information in the letter.

Please check the box that reflects your situation.

My family's income has declined in 2024 due to:

 $\Box$  unemployment,  $\Box$  retirement,  $\Box$  change of employer,  $\Box$  reduction in hours,  $\Box$  a one-time income received in 2023,  $\Box$  death of a wage earner,  $\Box$  divorce/separation,  $\Box$  Permanent or total disability

## 2024 Untaxed Income Information

Please circle all that apply and put the total amount in the column to the	Student	Spouse					
left. If it does not apply, please put \$0 or N/A							
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 on your manage new shild support during $20249$ $\Box$ Vac							
<b>Did you or your spouse pay child support during 2024?</b> Yes No							
If yes: Number of months Monthly payment: \$	Total:	\$					
тиелин ели инени талияти ели тал							
I certify that the information on this form is true and complete to the best of my knowledge.							
Student's Signature: I	Date:						
Spouse's Signature: I	Date:						

Office of Financial Aid

2700 Evergreen Pkwy NW • Olympia, WA 98505 • phone 360-867-6205 •fax 360-867-6576 • web www.evergreen.edu/financialaid • email <u>finaid@evergreen.edu</u>