

Office of Student Financial Aid

500 W. University Avenue, Mike Loya Academic Services Building, Room #204 El Paso, Texas 79968 PH: (915) 747-5204; FAX: (915) 747-5631

INCOME ADJUSTMENT - PROFESSIONAL JUDGEMENT - REQUEST FORM 2023-2024 Award Year

An Income Adjustment is typically approved when a family has experienced a **severe reduction** in household income. Your family's income **must be significantly less than the prior year's income** in order for the OSFA to re-evaluate your eligibility for financial aid. Please complete and submit this form to the OSFA and **attach all 2021 and 2022 Federal Tax Return Transcripts or a signed copy(s) of your 2021 and 2022 Tax Returns:** submit student's [and spouse, if applicable] and parents' [if parent information was required to complete the 2023-2024 Free Application for Federal Student Aid (FAFSA).] After all of the information you submit has been reviewed, you will be notified of the decision by the OSFA via your UTEP email.

Please print clearly when completing this form. Do not leave any item blank.

Student's Name:		Student's UTEP ID#				
Но	me Address:					
	Street address (Include apartment no.)	City	State	Zip Code		
UTEP email:		Primary/Cell Phone Number: ()				
E	xplanation of Income Reduction (This section must be	completed by the s	student.)			
1.	Indicate the date the change in income occurred:					
2.	Please list the reason(s) for your family's change in income and explain your present financial situation. Attach any documents that verify the reduction in income such as a termination/layoff letter. Please print or type your remarks.					

Estimated Income information for 2023

The following section requires you to provide your family's estimated 2023 income. You will need to provide the amounts for the **ENTIRE YEAR**; do not list hourly or monthly wage rates. Calculate what will be earned for the total 2023 year. Include all income received from January 1, 2023, until present and estimate the amounts to be received from now until December 31, 2023. **Please attach all relevant documents indicating year-to-date income totals to this form such as the most recent paycheck stub.**

DO NOT LEAVE THIS SECTION BLANK. LIST THE **ANNUAL** AMOUNT(S) YOU EXPECT TO RECEIVE IN 2023. IF NO INCOME IS EXPECTED TO BE RECEIVED, PLEASE EXPLAIN BELOW:

Type of Income: (Please List)	Parent(s)/Stepparent(s) Projected 2023 Income	Student (and Spouse, if applicable) Projected 2023 Income
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Expected 2023 Income:	\$ (Total)	\$ (Total)

EXPLANATION IF NO INCOME IS EXPECTED FOR 2023:

C: Statement of Certification and Authorization

- In addition to the student applicant, one parent and/or spouse, if applicable, whose data has been included on this form must sign below. Failure to provide the appropriate signatures will prevent the processing of this form.
- Do not forget to attach all tax transcripts/returns and supporting documentation and submit this information to the OSFA. If any items are missing or incomplete, your reduction in income request cannot be processed.

I certify that all of the information reported on this worksheet is complete and correct. If any of the amounts used on this form change in the future, I/we accept the responsibility for contacting the OSFA, in writing, in order to provide the corrected information. Please be advised that the approval or denial of this request will be sent to your UTEP email address within 7-10 working days.

Student's Signature			Date	
Parent's Signature [or Spor (One parent whose incom t	use's, if applicable] e information is being submitt	ed must sign here.)	Date	
WARNING: If you purposely give false	e or misleading information o	n this worksheet, you	u may be fined, be sentenced to jail, or bo	oth.
For Office Use Only: Approved	Not Approved	Date	Initials:	

Revised May 2023