



# Financial Aid and Scholarships

California State University, Los Angeles

5151 State University Drive, SSB 2330

Los Angeles, CA 90032-8402

Phone: (323) 343-6260

2024-2025

For office use only:

## 2024-2025 Dependent Student Income Adjustment Appeal

The rules governing financial aid programs allow financial aid professionals to re-evaluate eligibility for students when and if special circumstances exist and can be fully documented. The request for an Income Adjustment Appeal comes under the federal regulations dealing with professional judgment (PJ), which is reviewed, on a case-by-case basis.

Submission of this appeal does not guarantee approval. If the appeal is denied, you (student) are responsible for any outstanding financial obligation to the University. You will be notified via Cal State LA email if your appeal was approved or denied.

**DEADLINE: Fall 2024 (Fall Only Students) Nov 6, 2024 | Spring 2025 (Fall and Spring Students) April 2, 2025**

### Section A. Student Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Cal State LA Campus Identification Number (CIN)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

### Section B. Appeal Information

1. Whose income information has changed?

- Student
- Parent 1
- Parent 2

2. Which year do you wish to use in lieu of your 2022 income? *(check one box, not both)*

- 2023
- 2024

### Section C. Supportive Documentation

**All appeals must include the following documents in addition to the requested documentation listed under each circumstance:**

- Signed statement explaining your situation (job loss, loss of benefits, etc.) Include corresponding dates.
- 2022 and 2023 Federal Tax Return Transcript\* with schedules and all W-2's, if you are submitting this appeal using 2023 income.
- 2023 Federal Tax Return Transcript\* with schedules and all W-2's, if you are submitting this appeal using 2024 income

*\*Signed copies of Individual Tax Returns (1040's/1040x) are permitted in lieu of a Federal Tax Return Transcript*

## Section D. Change Requested

Indicate which option applies to you. The required supporting documentation is listed below each option.

- Loss of Employment/Income (Laid Off, Reduction of Hours)**
  - Unemployment Award Letter, if applicable
  - Termination notice from employer(s)
  - Copy of latest paycheck stub issued from employer and/or benefit statement to verify income and resources
- Loss of Other Income (Alimony, Child Support, Retirement/Pension, Social Security)**
  - 2024 Benefit Statement listing amount received and type of monthly benefits lost
- Legal Separation or Divorce Separation AFTER filling out the FAFSA/CADAA**
  - Divorce decree or legal separation agreements and proof of separate residences
- Death of Parent AFTER filling out the FAFSA/CADAA**
  - Death certificate
- Exclusion of one-time payment**
  - Documents detailing one-time payment amount, source, reason

## Section E. Projected Income 2024

Fill out the information below if you are submitting this appeal using 2024 income information. **DO NOT** fill this out if you are **not** using 2024 income information.

	Parent 1		Parent 2		Student	
Please specify effective date:	Jan 01, 2024 to [ ]	to [ ] Dec 31, 2024	Jan 01, 2024 to [ ]	to [ ] Dec 31, 2024	Jan 01, 2024 to [ ]	to [ ] Dec 31, 2024
Gross Income (Earnings)						
Child Support						
SSI/Social Security and/or Disability Benefits						
Unemployment Benefits						
IRA/Keogh Distribution/untaxed Pensions or Annuities						
Support from Others*						
Other:						

\*List all sources of support paid by others (i.e.: free room & board, tuitions/books and supplies paid, etc.)

## Section F. Household Information

List all member(s) of the household for the 2024-2025 (07/01/2024 to 06/30/2025) academic year. If you are including people other than immediate family members, please include a statement explaining the reason and extent to which they are being supported.

You may be required to submit additional documentation based on the information provided on your statement. If no statement is provided, we may use discretion to revise the number in the household and/or college.

Full Name	Age	Relationship	Name of College* (If Applicable)	Graduate Student?
		Self	California State University, Los Angeles	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section G. Signature

By signing below, I affirm that the information provided here is true to the best of my knowledge. *I understand that the submission of a complete income adjustment appeal does not guarantee a change will be made to my financial aid award eligibility nor does it relinquish any financial obligations to the University on my part. I also understand that I (student) am responsible for any payment and/or balance required for enrollment purposes.*

Student Signature (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_  
(Wet ink signature only)

Parent Signature (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_  
(Wet ink signature only)