



**RETURN TO:**

Office of Financial Aid  
Cal Poly Pomona  
3801 W. Temple Ave.  
Pomona, CA 91768  
(909) 869-3700 Phone  
(909) 869-4757 FAX

Name of Financial Aid Applicant (please print):

\_\_\_\_\_  
Last First M.I.

Bronco Number: \_\_\_\_\_

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**2008-2009  
PARENTS CHANGE IN INCOME FORM**

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You may qualify for additional funding if your parents have had a reduction in income. However, not all income reductions will result in an increase in the amount of your award. To have your eligibility re-evaluated, please have your parents complete both sections A and B. Please check Bronco Direct for any changes.

**PLEASE ATTACH A COPY OF YOUR 2007 FEDERAL TAX RETURN WITH THIS FORM**, unless previously submitted.  
**ALL SUPPORTING DOCUMENTATION REQUESTED MUST BE ATTACHED TO THIS FORM.** THIS FORM WILL NOT BE PROCESSED WITHOUT SUPPORTING DOCUMENTATION.

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**Section A: THERE HAS BEEN A REDUCTION IN INCOME DUE TO THE FOLLOWING REASON(S):**

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- [ ] Loss of job for parent(s): **ATTACH** a letter from employer showing the last date worked. **ATTACH** most recent pay stub showing year-to-date earnings, and **ATTACH** unemployment benefit letter.
  - [ ] Divorce/Seperation {circle one}. Date of Action: \_\_\_\_\_
  - [ ] Loss of Parent. Date of Loss: \_\_\_\_\_
  - [ ] Loss of Benefits: please state which benefit (i.e. Social Security, TANF, etc.) \_\_\_\_\_  
**ATTACH** letter from agency showing date of termination and total paid in 2007.
  - [ ] Reduction of work hours: **ATTACH** most recent pay stub showing year-to-date earnings.  
Date reduction occurred: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Hours worked per week \_\_\_\_\_
  - [ ] Other: Please explain below and **ATTACH** appropriate documentation which show dollar amount received.
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**Section B: PROJECTED INCOME AND RESOURCES**

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**DO NOT LEAVE BLANKS. Put zero (0) if the answer is zero.**

- \$ \_\_\_\_\_ Father's earnings from January 1, 2008 to December 31, 2008.
- \$ \_\_\_\_\_ Mother's earnings from January 1, 2008 to December 31, 2008.
- \$ \_\_\_\_\_ Unemployment benefits: **ATTACH** a copy of eligibility letter **even if no benefits were granted.**
- \$ \_\_\_\_\_ Other taxable income (e.g. spousal support, survivor benefits, pension, etc.). Specify type below and **ATTACH** appropriate documentation. **List type of other taxable income:** \_\_\_\_\_
- \$ \_\_\_\_\_ Benefits: (e.g. Social Security, TANF, Worker's Comp, Disability) **ATTACH** copy(s) of eligibility payments.
- \$ \_\_\_\_\_ Other untaxed income: (e.g. child support, rental income, etc.) Specify type below and **ATTACH** appropriate documentation. List type of untaxed income: \_\_\_\_\_

My signature below certifies that this information is true. I authorize verification of this information by the Office of Financial Aid, Cal Poly Pomona. I will contact the Office of Financial Aid if the projected income reported above changes at any time. **My signature also certifies that I have left no blanks in Section B.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

Visit us online at [www.csupomona.edu/financial\\_aid](http://www.csupomona.edu/financial_aid)