



OFFICE OF FINANCIAL AID
 P.O. Box 10 Peru, NE 68421
 402-872-2228 | Fax: 402-872-2419
 onestop@peru.edu

23-24 Income Reduction Appeal-Parent

PRIDE • EXCELLENCE • RESILIENCE • UNITY

Student Name _____ NUID _____

Cell Phone _____ Email Address _____

The purpose of this form is to assist you in requesting a review of your financial aid eligibility due to changes in your circumstances not addressed on your original financial aid application (FAFSA). Requests made on or after January 1, 2023 will be required to submit 2022 tax information.

Below is the documentation required for each circumstance:

1. LOSS OF PARENT(S) EMPLOYMENT:

- Complete Table 1A. below
- Signed copy of 2022 Federal Tax Return and Schedules 1, 2, or 3 if filed
- Letter of explanation
- Copy of Last Pay Stub
- Severance Statement if Applicable
- Copy of Unemployment Benefits
- If person has returned to work, copy of most recent paystub and date of hire.

1A. 2023 Expected Income -Please list all sources of income that will be received in your parent(s) household from **January 1, 2023 through December 31, 2023**. Include child support or benefits received for all children or dependents living in the household.

Parent 1 and/or Step-Parent Wages	\$
Parent 2 and/or Step-Parent Wages	\$
Social Security Benefits	\$
Unemployment Benefits	\$
Severance Pay	\$
Child Support	\$
Worker’s Compensation	\$

(CONTINUED ON PAGE 2)

PLEASE RETURN TO: Peru State College One Stop Office (Fax, myPSC Upload, US Mail: details above)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

For Office Use
 FA Form
34APIP
 Revised 10-04-2022

P.O. Box 10 ♦ Peru, Nebraska 68421-0010 ♦ 402-872-2228 ♦ Fax: 402-872-2419 ♦ WWW.PERU.EDU/FINANCIALAID

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2. MEDICAL/DENTAL EXPENSES NOT PAID BY INSURANCE

- Letter of explanation
- Documentation of expenses in calendar year 2022 and the amount you paid out of pocket in calendar year 2022 (e.g., cancelled checks, bank statements, credit card statement)

Signature: Signing this form certifies that all the information reported on it is complete and correct.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Financial Aid Office Use Only

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