

#### OFFICE OF FINANCIAL AID

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

Pride • Excellence • Resilience • Unity

## 23-24 Income Reduction Appeal - Student

Student Name	NUID		
Cell Phone	Email Address		
The purpose of this form is to a	ssist 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:

- LOSS OF STUDENT AND/OR SPOUSE 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 household from January 1, 2023 through December 31, 2023. Include child support or benefits received for all children or dependents living in the household.

Student Wages	\$
Spouse Wages (if applicable)	\$
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

34APIS

Revised 10-04-2022

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

Peru State College is an equal opportunity institution. Peru State College does not discriminate against any student, employee or applicant on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, religion, or age in employment and education opportunities, including but not limited to admission decisions. The College has designated an individual to coordinate the College's non-discrimination efforts to comply with regulations implementing Title II of the Americans with Disabilities Act, Titles VI and VII of the Civil Rights Act, Title IX, of the Education Amendments of 1972, the Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act. Reports regarding discrimination or harassment may be directed to the following Compliance Coordinator. In addition, inquiries regarding non-discrimination policies and practices may be directed to the Compliance Coordinator: Ms. Eulanda Cade, Peru State College, Administration Building, Room 312, PO Box 10, 600 Hoyt Street, Peru, NE 68421-0010, (402) 872-2230 ecade@peru.edu



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Student Name_	NUID
2. MED	DICAL/DENTAL EXPENSES NOT PAID BY INSURANCE  Letter of explanation
• 3. Privat	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) te K-12 TUITION
•	
Signature: Sig	gning this form certifies that all the information reported on it is complete and correct.
Student Signa	ntureDate
Financial Aid Office U	Use Only
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