

UHD ID: _____ Student's First Name: _____ Last Name: _____



Office of Scholarships and Financial Aid
2023-2024 Income Adjustment Form

This form can be used to report changes in income that have occurred since filing the 2023-2024 FAFSA. You must indicate the appropriate circumstance on this form and submit all required documentation to the Office of Scholarships and Financial Aid. The form and documents must be submitted no later than your last day of enrollment for the 2023-24 academic year.

STEP 1: Reason For Request (check one)	Date of Change (mm/yy)	Family Member Affected (e.g., self, parent, spouse)
<input type="checkbox"/> Unemployment or change in employment <ul style="list-style-type: none"> Must provide letter from former employer (on business letterhead) stating last date of employment or change in employment <i>OR</i> proof of unemployment benefits received. 2021 Tax Return Transcript(s), W2's, and 2023-2024 Institutional Verification Form <i>must</i> be submitted. Provide final 2021 pay check stub 		
<input type="checkbox"/> Divorce/Separation <ul style="list-style-type: none"> Provide legal documentation (divorce decree) or legal separation. 2021 Tax Return Transcript(s), W2's, and 2023-2024 Institutional Verification Form <i>must</i> be submitted. 		
<input type="checkbox"/> Death of Spouse or Parent <ul style="list-style-type: none"> Provide supporting documentation, i.e., copy of death certificate, obituary, funeral program. 2021 Tax Return Transcript(s), W2's, and 2023-2024 Institutional Verification Form <i>must</i> be submitted. 		
<input type="checkbox"/> Disability of Spouse or Parent <ul style="list-style-type: none"> Provide medical documentation supporting disability claim. 2021 Tax Return Transcript(s), W2's, and 2023-2024 Institutional Verification Form <i>must</i> be submitted. 		
<input type="checkbox"/> High Medical/Dental Expenses Paid Out of Pocket <ul style="list-style-type: none"> Provide receipt of medical expenses paid out of pocket and not covered by medical or dental insurance. 		

STEP 2: If the reduction in income is due to the loss of employment, complete the appropriate column for the family member affected:

Anticipated Income for January 1, 2023 through December 31, 2023	Student	Spouse	Parent
Wages, Salary, Tips	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Severance Pay	\$	\$	\$
Cash Assistance from family/friends	\$	\$	\$
Welfare Benefits (i.e. TANF, AFDC, ADC)	\$	\$	\$
Social Security Benefits	\$	\$	\$
Child Support	\$	\$	\$
Total Anticipated Income	\$	\$	\$

Student Signature _____ Date _____	Parent/Spouse Signature (if applicable) _____ Date _____
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(Blue or black ink, no electronic signatures accepted)

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INCOMPLETE FORMS WILL NOT BE CONSIDERED AND WILL ULTIMATELY BE DENIED

UHD Scholarships and Financial Aid | One Main St, Ste. 350-S | Houston, TX, 77002

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