



Petition for Income Reduction for 2019-2020
Independent Student

1. Complete the Petition for Income Reduction Form and attach all supporting documentation
2. Return the petition and supporting documentation to:

Financial Aid Office	Fax to: 510-436-1325
Holy Names University	
3500 Mountain Blvd	Scan documents to pdf and email to:
Oakland, CA 94619	financialaid@hnu.edu

Supporting documentation may include, but is not limited to:

- last paycheck stub(s) showing year-to-date earnings
- unemployment paperwork
- termination/lay off paperwork
- letter(s) from your employer

3. Incomplete Petition for Income Reduction will be returned to for completion.

Questions regarding this process can be directed to Holy Names University's Financial Aid Office at (510) 436-1327.

Last Name *First Name* *M.I.* *Student ID #*

Address *City* *State* *Zip Code*

Phone Number (include area code)

Please check the appropriate circumstances for your request. Supporting documentation is required for all circumstances.

- | | |
|---|---|
| <input type="checkbox"/> Death | <input type="checkbox"/> Loss of Employment |
| <input type="checkbox"/> Loss of Income | <input type="checkbox"/> Disability of student, spouse or parent |
| <input type="checkbox"/> Medical/Dental Expenses | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Divorce/Separation | |

DOCUMENTATION REQUIRED!

1. You must include third party documents to substantiate your request, for example a death certificate, divorce or separation document, employment termination letter, last pay stub reflecting year to date earnings, verification of unemployment compensation, disability claim, physician statement, etc.
2. Please include a copy of your 2018 Federal Income Tax Transcripts and if filed separately, your spouses' 2018 Federal Income Tax transcript. You can request a copy of your transcript from the IRS by calling **(800) 829-1040.**
3. **Please attach a detailed written explanation for your request and circumstances.**



Please list below by month, your expected year income for 2019.

	STUDENT	
	TAXABLE	UNTAXABLE
January	\$	\$
February	\$	\$
March	\$	\$
April	\$	\$
May	\$	\$
June	\$	\$
July	\$	\$
August	\$	\$
September	\$	\$
October	\$	\$
November	\$	\$
December	\$	\$

	SPOUSE	
	TAXABLE	UNTAXABLE
January	\$	\$
February	\$	\$
March	\$	\$
April	\$	\$
May	\$	\$
June	\$	\$
July	\$	\$
August	\$	\$
September	\$	\$
October	\$	\$
November	\$	\$
December	\$	\$

Total: \$ _____ \$ _____

Total: \$ _____ \$ _____

I hereby certify that the above information is true and correct.

STUDENT SIGNATURE _____

DATE _____

SPOUSE SIGNATURE _____

DATE _____