

Financial Aid Office Palo Verde College

INCOME OVERRIDE PETITION FORM

Email: financialaid@palverde.edu

Phone: 760-921-5553

		Award / Academic: 20 20		
St	rudent Name: (Last Name, First Name) STUDENT ID	SSN #		
SU	IMMARY AND INSTRUCTIONS:			
a pe con cha	When students or the parents of a dependent student experimental contribute to the cost of educated students who feel a recalculation is a more accurate representative tition along with required documentation for review by the financial aid director using professional judgement decided asidered "unusual or special" as defined by the Department of Educate If the situation reflects a more accurate representation of the student than using the income originally reported, income from the accorrection. The FSA calculates a revised estimated family contribution.	tion, they may be eligible for an Income Override. ion of their current financial situation are encouraged to submit cial aid office. es whether a student's circumstances meet the criteria to be cation's regulations on Federal Student Aid Programs (FSA). udents' finances, the information reported on the FAFSA can be e most recent 12-month period (or prior year) may be submitted		
SEC	CTION I – REASON FOR REQUEST:			
	Check the reason(s) for this review and supply the supporting doc be emailed within fourteen business days, depending on the volunt Loss or reduction of employment: Include the delease of untaxed income or benefits (child support, social states).	me of requests. late employment ended or income was reduced.		
	One-time income (inheritance, IRA distribution, etc.): Includ	e date received		
	Change in marital status or death of spouse/parent: include	date event occurred.		
SECTION II – STUDENT STATEMENT:				
	 ATTACH A DETAILED statement explaining the circumstan HANDWRITTEN-LEGIBLY. INCOMPLETE, UNLEGIBLE STUDENT STATMENTS, OR UNSIGN 			
SEC	CTION III-SUPPORTING DOCUMENTATION:			
DIVORCE OF STUDENT OR PARENT - ATTACH THE APPROPRIATE DOCUMENTS:				
	A copy of divorce decree			
	Court orders such as settlements, alimony, child support paid or re	eceived.		
	Death of a Spouse or Parent After Applying for Aid - copy of you			

survivor benefits, including life insurance benefits, etc.



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Student Name: (Last Name, First Name)	STUDENT ID	SSN#		
SECTION IV-INCOME DOCUMENTATION:				
DEPENDENT STUDENTS MUST INCLUDE THEIR PARENTS FEDERAL TAX RETURN(S).				
ATTACH copies of signed Federal Tax Return (s) used originally on FAFSA application as required by federal regulations AND copies of signed Federal Tax Return for most recent tax filing year.				
If married, but filed separately, include spouse's signed Federal Tax Return.				
STUDENTS/PARENTS CLAIMING NON-FILING STATUS.				
ATTACH Copy of IRS form for Non-filing Status and Statement explaining how all living expenses are being paid.				
ATTACH Copies of statements for applicable non-taxable income or benefits such as:				
Unemployment Benefits TANF/	Cash-Ai	SSI (Supplemental Security income) etc.		
SECTION V - SIGNATURES:				
		nd correct to the best of my knowledge. If asked, I will supply or unsigned application shall not be reviewed or cause a petition		
Student	Date			
*Parent	Date			
SUBMITTING CHANGES TO INCOME DOES NOT GUARANTEE AN INCREASE IN AID, AS LOSS OF INCOME MAY HAVE LITTLE OR NO IMPACT ON THE STUDENT'S ESTIMATED FAMILY CONTRIBUTION (EFC) OR THE STUDENT'S RIGHT TO FINANCIAL AID.				
OFFICE USE ONLY:				
Approved: Denied: Tabled	-			
FAO Signature or FA Rep	Date:			
individuals with disabilities. All qualified applicant	ts will receive con	an equal opportunity employer of protected veterans and sideration for employment without regard to race, color,		

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activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (760) 921-5500.

barrier to admission and participation in any educational programs offered through the PVCCD.