

Loss of Income Form

2021-22

Submit Via: Confidential Document Submission Portal: <https://www.csub.edu/finaid/upload>
or Return to: California State University, Bakersfield
Office of Financial Aid & Scholarships
48 SA
9001 Stockdale Highway, Bakersfield, CA 93311-1022
Telephone: (661)654-3016 FAX: (661)654-6800 Web: <http://www.csub.edu/finaid> E-Mail: finaid@csub.edu



FLO10

Student Name: _____ (Please print) CSUB Id: _____

I request that the Office of Financial Aid & Scholarships re-evaluate my financial aid eligibility based upon a dramatic change in my household income from the income data that was entered on the FAFSA. Qualifying events include, but are not limited to unemployment, disability, divorce or separation; death of a parent or spouse, etc.

Description of Circumstances:

To support this request, I will provide all the following documents for **myself, spouse, and/or parents** if applicable. **Please provide items 1, 2 and 3 listed below and complete the Projected Income Worksheet on the back of this form.**

1. The most recent pay stubs for current employment, or final pay stubs from all other jobs during 2021.
2. Evidence of loss of employment, disability, failed business, and/or loss of assets.
3. Projected income from **January 1, 2021 - December 31, 2021.**

YOU MUST PROVIDE ALL APPLICABLE DOCUMENTATION LISTED ABOVE FOR THIS PETITION TO BE PROCESSED.

Certification & Signature

Each person signing below certifies that all the reported information is complete and correct.

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

Student Signature _____	Date _____
Spouse Name _____ <i>Please print</i>	
Spouse Signature _____	Date _____
Parent Name _____ <i>Please print</i>	
Parent Signature _____	Date _____
Parent Name _____ <i>Please print</i>	
Parent Signature _____	Date _____

PROJECTED INCOME WORKSHEET ON REVERSE SIDE

Student Name: _____ CSUB Id: _____

(Please Print)

PROJECTED INCOME WORKSHEET

Last date of employment if currently unemployed: _____

Please list, by month, the source(s) and amount(s) of actual and or projected income for **January 1, 2021 - December 31, 2021**. You may be able to enter some actual figures since some months may have already elapsed, while other months must be estimated since the reporting period may not have occurred yet. Copies of final pay stubs or a statement from the employer must be provided as documentation for actual figures:

2021	Gross Wages Student	Gross Wages Spouse	Gross Wages Father	Gross Wages Mother	Other (includes unemployment, disability, etc.) Amount	Cash Received Amount	Source
Jan							
Feb							
Mar							
Apr							
May							
Jun							
Jul							
Aug							
Sep							
Oct							
Nov							
Dec							
Total	\$	\$	\$	\$	\$	\$	

For any months in which \$0 income is reported, please indicate how the student/spouse/parent(s) will support themselves:

FA Office Use Only

<p>_____</p> <p>Financial Aid Officer</p> <p>_____</p> <p>Signature</p>	<p>The petition has been:</p> <p> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Referred to Committee </p> <p>_____</p> <p>Date</p>
--	--