



Office of Financial Aid

**2020/2021 INCOME REDUCTION OR NON-RECURRING INCOME APPEAL**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal regulations authorize the Financial Aid Administrator to exercise professional judgment on a case-by-case basis in situations when base year income does not accurately reflect a family or student's ability to contribute to the cost of education. Please answer the following questions so your special circumstances can be considered.

**ATTENTION APPLICANT:** Please check the box below that is applicable to your situation. The required documentation is listed below each selection. Attach all required documentation to support your claim and **a detailed letter of explanation** along with this completed form and return to the Financial Aid Appeals Committee.

**Unemployment or change in employment**

- Final copy of pay-stub showing total year- to-date earnings from all employers that include: wages, tips, compensation, severance pay and any paid time-off balance pay-off
- Official documentation of Unemployment benefits
- Documentation for any child support paid and/or received
- Rank and total months of active duty for the year
- Veteran's Non-Educational Benefits
- Disability Payments
- Other Sources of income

**Divorce/Separation**

- Copy of Decree/Agreement/Temporary Order
- 2018 Tax Return Transcript or signed Tax Return
- 2018 W2s for both Student and Spouse(ex-spouse)
- Documentation for any child support paid and/or received in 2018

**Death of spouse or parent**

- Copy of Death Certificate
- 2018 Tax Return Transcript or signed Tax Return
- 2018 W2s for both student and spouse or both parents

**One-time income**

- 2018 Tax Return Transcript or signed Tax Return
- 2018 W2s for student and spouse and/or parents
- Documentation of one-time income (inheritance, sale of property)

**Certification**

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Dependent Student Only)

\_\_\_\_\_  
Date

1000 Galvin Road South  
Bellevue, NE 68005-3098

For questions please contact Bruin Support Services at 402-293-2000 or 1-800-756-7920 or by email at [BRUINSupportServices@bellevue.edu](mailto:BRUINSupportServices@bellevue.edu)

Fax (402) 557-5425