

Student's First Name: _____ Last Name: _____



TAOHS- Inhouse Financial Aid Dept.

Current Year Income Adjustment Form

This form can be used to report changes in income that have occurred since filing the current years Inhouse Financial Aid. You must indicate the appropriate circumstance on this form and submit all required documentation to TAOHS Inhouse Financial Aid Department.

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"> Provide documentation from former employer (on letterhead) stating last date of employment or change in employment OR proof of unemployment benefits received. Current Tax Year Return Transcript(s), W2's, and TAOHS Verification Form must be submitted 		
<input type="checkbox"/> Divorce/Separation <ul style="list-style-type: none"> Provide legal documentation (divorce decree) or legal separation 		
<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 		
<input type="checkbox"/> Disability of Spouse or Parent <ul style="list-style-type: none"> Provide medical documentation supporting disability claim. 		
<input type="checkbox"/> One Time Income <ul style="list-style-type: none"> This includes, but is not limited to inheritance, moving expense allowance, back year Social Security pay, IRA or pension distribution* Provide proof oh how income was spent/invested 		
<input type="checkbox"/> Unusual Medical/Dental Expenses Paid Out of Pocket <ul style="list-style-type: none"> Provide proof of medical expenses such as bill or receipt showing payment. 		
<input type="checkbox"/> Child Care Expenses Paid Out of Pocket <ul style="list-style-type: none"> Attach signed Verification of Child Care Form. 		

STEP 2: If the reduction in income is due to the loss of employment, death or disability*, divorce/separation** of a family member, complete the appropriate column for the family member affected:

Anticipated Income for Current Year of January 1 st , Through December 31th	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	\$	\$	\$

*If the loss of income is due to the death of your spouse or parent, give information about yourself or (if applicable) your surviving parent.

** If the loss of income is due to divorce or separation, give only information about yourself or (if applicable) your custodial parent.

_____	_____	_____	_____
Student Signature	Date	Spouse/Parent Signature (required, if applicable)	Date

Submit this form to: TAOHS Inhouse Financial Aid Department| Online Services.| Houston, TX 77095

(832) 674-8355 (phone) | (281) 858-4400 (fax) trezvantacademyhomeschool@yahoo.com

For Office Use Only

Date: _____ Received By: _____