

## REDUCED INCOME FORM 2024-2025

| STUDENT'S LEGAL NAME_   |   |   |  |                                    |  |
|---|---|---|--|------------------------------------|--|
| STUDENT I.D. NUMBER   |   |   | DATE   |                                    |  |
| The 2024-25 FAFSA required use student/spouse, or parent who ex   |   |   |  |                                    |  |
| NOTE: If your change of income aid advisor before completing this   |   | , contact the financ                                      | cial aid office to spea                              | k with a financial                 |  |
| Complete all steps. Submit directly   | y to the Financial Ai   | id Office at UW-Gree                                      | n Bay with documentat                                | ion as noted.                      |  |
| If you have not already done so         a. Submit your 2022 Fede  | ral <b>Tax Return Tra</b> l<br>Your Tax Record,"<br>of Account Transcrip<br>ned copy of your 20 | click "Get Transcript<br>ot" or request a trans           | Online" and request the<br>cript by calling 1-800-90 | e "Tax Return<br>08-9946 <b>OR</b> |  |
| 2) Provide an explanation of 2023 letter of explanation of the chan   |   | e. whose income cha                                       | inged and why?), or att                              | ach a separate                     |  |
| <ul> <li>3) Provide documentation to support day of work) from prior employe etc. depending on your circums</li> <li>4) Provide a <i>physically signed</i> con Schedules 1, 2, and 3. Indicate</li> </ul> | r, copy of death cert<br>ances.<br>py of your 2023 Fe   | tificate, copy of legal<br>deral Tax Return ( <u>si</u> c | documents showing en<br><u>ined</u> Form 1040 pages  | d to child support,                |  |
| TYPE OF INCOME  | STUDENT   | SPOUSE  | PARENT 1   | PARENT 2                           |  |
| Employment wages (W-2)  |   |   |  |                                    |  |
| Net business income<br>(Schedule C or E)  |   |   |  |                                    |  |
| Net farm income<br>(Schedule F)   |   |   |  |                                    |  |
| 5) Provide a listing of the sources pension, worker's compensation  |   |   |  |                                    |  |
| 6) LEGAL (PHYSICAL) SIGNATU<br>form is accurate to the best of m  |   | and others complet  | ing this form). The in                               | nformation on this                 |  |
| Student   |   | _Spouse   |  |                                    |  |
| Parent 1  | Parent 1 Parent 2   |   |  |                                    |  |
| Parent Email Address  |   |   |  |                                    |  |

You can securely upload this appeal and any supporting documentation here: <a href="https://www.uwgb.edu/financial-aid/upload-documents/">https://www.uwgb.edu/financial-aid/upload-documents/</a>. You can also mail to: UW-Green Bay, Office of Financial Aid (SS1200), 2420 Nicolet Dr. Green Bay, WI 54311. We do not recommend emailing documents containing sensitive data. Questions? Need more information? Visit <a href="www.uwgb.edu/financial-aid">www.uwgb.edu/financial-aid</a>, call 920-465-2075, email <a href="maincialaid@uwgb.edu">financialaid@uwgb.edu</a> or fax 920-465-2299.