



**ALLAN  
HANCOCK  
COLLEGE**  
Financial Aid Office  
800 South College Drive  
Santa Maria, CA 93454-6399  
(805) 922-6966, Ext. 3200

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

STUDENT ID # **H** \_\_\_\_\_

## 2026-27 PROJECTED YEAR INCOME APPEAL (PARENT)

### WHY use this appeal form?

Income appeals are allowed to increase a student's eligibility for financial aid based upon changes to parents' income and resources since the 2024 base year. We can utilize the 12-month period that maximizes a student's eligibility for financial aid, but the time period cannot be before the base year and cannot extend beyond the end of the academic year, June 30, 2027.

- ◆ **IMPORTANT:** If the parent is MARRIED, or both parents live in the same household, there must be a reduction in the COMBINED TOTAL INCOME from all sources for both parents (including stepparent) for the 12-month period chosen.

For example: If one parent becomes unemployed, but the parents' earnings increase such that their total income from all sources (not just their taxable income) will be more than their total was for 2024, DO NOT FILE THIS APPEAL.

- ◆ **IMPORTANT:** DO NOT FILE THIS APPEAL if you were already awarded a maximum Pell Grant (\$7,395 combined total for fall and spring) for 2026-27. You have already established maximum financial aid eligibility.

### WHO may complete this appeal form?

ONLY the parent(s) or stepparent of a student who is defined as "dependent" by the Financial Aid Office AND only if the person(s) completing this form is/are the same person(s) whose information was reported on the student's application for financial aid.

### WHEN will this appeal be processed?

The financial aid office works diligently to get students the most assistance available to them as quickly as possible.

**Income appeals must be received by the financial aid office no later than April 30, 2027.**

Please check below which 12-month period you would like the financial aid office to use to calculate your financial aid eligibility (only choose one):

- The 2025 tax year (January 1, 2025 – December 31, 2025) Provide your parent’s 2025 signed tax return**
- The 2026 tax year (January 1, 2026 – December 31, 2026) Provide 2026 parent’s signed tax return if available**
- The current academic year (July 1, 2026 – June 30, 2027) Not available to use until after 1/1/2027**

1. Indicate the parent(s) whose total income and benefits changed from all sources for the period indicated above and was/will be **LESS** than the total amount received in 2024:

PARENT 1 and/or  PARENT 2

My/our total income and/or benefits have been, or will be, reduced because: \_\_\_\_\_

**ATTACH DOCUMENTATION** to show why and when income and/or benefits mentioned above were reduced or terminated (e.g., letter from employer, termination or layoff letter, benefits letter from appropriate agency, etc.).

2. Report all **BENEFITS, EARNINGS** and **OTHER INCOME** (INCLUDING parent 2) for the entire period indicated above. Report income and benefits for the parent(s) whose information you reported on the FAFSA:

| List each employer, and each source of support, benefits, or other income for the period indicated above (A and B below) | Parent 1 (P1) or Parent 2 (P2) (Circle one) | Amount received (to date) since beginning of period indicated above (A) | Estimate additional amount to be received from today through the end of the period indicated above (B) | Total |
|--|---|---|--|-------|
|  | <u>P1/P2</u>                                | \$  | \$   | \$    |
|  | <u>P1/P2</u>                                | \$  | \$   | \$    |
|  | <u>P1/P2</u>                                | \$  | \$   | \$    |
|  | <u>P1/P2</u>                                | \$  | \$   | \$    |

A. Include income from unemployment insurance, legal settlements, sales of assets, pensions, annuities, severance packages, death benefits, life insurance, child support, spousal support, withdrawals from retirement accounts, and any other source of support or income.

B. If you chose the current academic year above, ESTIMATE parent 1 (and parent 2) earnings, benefits, and all other income expected to be received through June 30, 2027. For each item show calculations on an attached sheet.

Attach **REQUIRED DOCUMENTATION**: Submit documentation for each item listed above in Section 2.

I/we hereby certify that all information reported on this form and any attachments are true, accurate, full and complete. I/we understand that false statements, misrepresentations, and deliberate omissions may be cause for criminal prosecution; repayment of financial aid; and/or denial, reduction, or withdrawal of eligibility. I/we understand that the student’s eligibility for next year, 2027-28, may be affected if this estimate of earnings, benefits or other income is not accurate. Signatures are required of all persons reporting income above.

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 Signature

\_\_\_\_\_  
Date

|                     |        |                     |      |        |
|---------------------|--------|---------------------|------|--------|
| FA Office Use Only: |        |                     |      |        |
|                     |        |                     |      |        |
| Approved            | Denied | Analyst's Signature | Date | PJ EFC |