



Office of Scholarships and Financial Aid
2026-2027 Income Adjustment Form

This form can be used to report changes in income that have occurred since filing the 2026-2027 FAFSA. You must indicate the appropriate circumstance on this form and submit all required documentation to the Office of Scholarships and Financial Aid. The form and documents must be submitted no later than your last day of enrollment for the 2025-26 academic year.

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"> Must provide letter from former employer (on business letterhead) stating last date of employment or change in employment <i>OR</i> proof of unemployment benefits received. 2024 Tax Return Transcript(s), W2's, and 2026-2027 Institutional Verification Form <i>must</i> be submitted. Complete Step 2 of the Form (Anticipated Income) 		
<input type="checkbox"/> Divorce/Separation <ul style="list-style-type: none"> Provide legal documentation (divorce decree) or legal separation. 2024 Tax Return Transcript(s), W2's, and 2026-2027 Institutional Verification Form <i>must</i> be submitted. 		
<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. 2024 Tax Return Transcript(s), W2's, and 2026-2027 Institutional Verification Form <i>must</i> be submitted. 		
<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 how income was spent/invested. 		

STEP 2: If the reduction in income is due to the loss of employment, complete the appropriate column for the family member affected:

Anticipated Income for January 1, 2026 through December 31, 2026	Student	Spouse	Parent
Wages, Salary, Tips	\$ (yearly)	\$ (yearly)	\$ (yearly)
Unemployment Benefits	\$ (yearly)	\$ (yearly)	\$ (yearly)
Severance Pay	\$ (yearly)	\$ (yearly)	\$ (yearly)
Cash Assistance from family/friends	\$ (yearly)	\$ (yearly)	\$ (yearly)
Welfare Benefits (i.e. TANF, AFDC, ADC)	\$ (yearly)	\$ (yearly)	\$ (yearly)
Social Security Benefits	\$ (yearly)	\$ (yearly)	\$ (yearly)
Child Support	\$ (yearly)	\$ (yearly)	\$ (yearly)
Total Anticipated Income	\$ (yearly)	\$ (yearly)	\$ (yearly)

Acknowledgement Statement

I understand that the counselor may request additional information to support my submission. I also acknowledge that if this form is incomplete, it will not be reviewed.

By signing below, I confirm that I have read and understood this statement

Student Signature _____	Date _____	Parent/Spouse Signature (if applicable) _____	Date _____
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(Blue or black ink, no electronic signatures accepted)

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INCOMPLETE FORMS WILL NOT BE CONSIDERED AND WILL ULTIMATELY BE DENIED

UHD Scholarships and Financial Aid | One Main St, Ste. 350-S | Houston, TX, 77002