



Assumption University

Office of Financial Aid

2020-2021 Unemployment Form Job Loss or Reduction in Wages during 2020

According to federal laws and regulations, a family's 2018 income is used to assess financial need for the 2020-21 academic year. We appreciate that the Free Application for Student Aid (FAFSA) may not present an accurate picture of your unique financial situation and resources available. If a family's 2019 or 2020 income is significantly lower due to special circumstances, a financial aid administrator may be able to use the 2019 or 2020 income to assess financial need and if warranted award additional federal and/or state financial funding.

Student Name: _____ Student AC ID#: _____

Name of parent/guardian for whom form is being completed _____
(if both parents/guardians have lost their jobs/reduction in wages, we need a separate form from each parent/guardian)

Is this job loss or reduction in wages a result of COVID-19 Yes No

- 1). Date of unemployment/reduction in wages _____
Please forward a letter from your employer documenting the date you were laid off or had a reduction in wages.
Did you already provide this information to our office (yes/no/unsure) Yes No Unsure
If you are unsure, please provide this documentation to our office.

- 2). Wages earned in 2020 prior to unemployment/reduction in wages _____
Please forward a copy of your most recent paystub from the company from which you were laid off/had a reduction in wages.
Did you already provide this information to our office (yes/no/unsure) Yes No Unsure
If you are unsure, please provide this documentation to our office.

- 3). Severance package from company _____
Please provide a letter from your company documenting your lump sum severance package amount you will receive (Gross Amount)
Did you already provide this information to our office (yes/no/unsure) Yes No Unsure
If you are unsure, please provide this documentation to our office.

- 4). Unemployment Benefits _____
Please provide a letter from state's unemployment office documenting your monthly wages and the number of weeks you will receive benefits.
Did you already provide this information to our office (yes/no/unsure) Yes No Unsure
If you are unsure, please provide this documentation to our office.

- 5). Other 2020 Taxable Income _____
(i.e. Interest/Dividend income, Business Income)
Did you already provide this information to our office (yes/no/unsure) Yes No Unsure
If you are unsure, please provide this documentation to our office.



Assumption University

Office of Financial Aid

- 6.) Untaxed 2020 Income
(i.e. social security, etc.) _____
Did you already provide this information to our office (yes/no/unsure) ___Yes ___No ___Unsure
If you are unsure, please provide this documentation to our office.
- 7.) Your expected 2020 wages
Please estimate to the best of your ability what you think _____
you may earn with a new position. Do not include any
income listed above. DO NOT ESTIMATE \$0 WAGES!
- 8.) Other: _____
Did you already provide this information to our office (yes/no/unsure) ___Yes ___No ___Unsure
If you are unsure, please provide this documentation to our office.
- 9.) Any comments on your unemployment/reduction in wages that you feel would be important to our office when reviewing your son/daughter's file for financial aid eligibility.

If you were selected for verification, you will need to complete the verification process prior to your appeal being reviewed. Please review your FAFSA (www.fafsa.gov) to see if your FAFSA was selected for verification.

I understand that all documents needed to process this appeal must be received by the Office of Financial Aid before the appeal can be reviewed.

Student Signature: _____ Date: _____
Parent Signature: _____ Date: _____