



FINANCIAL AID & SCHOLARSHIPS OFFICE
1000 East Victoria Street
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today's Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents.

REMINDER: When uploading your documents to the **online [Dropbox](#)**, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

*Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.*

SUBMISSION INSTRUCTIONS:

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarships Office. Forms that are incomplete will remain on your To Do List in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. Provide your wet signature. Typed/font signatures are not acceptable.
2. **Save your document. Name your document with your first name, last name, and CSUDH ID number**
3. If you have attachments, please have them ready to upload to the online Dropbox
4. Return to the [Financial Aid Forms](#) page, go to the **blue Dropbox Folders** section, **select the icon that corresponds with your last name**, use the **“Add Files”** or **“drag stuff here”** option to upload your documents. **Emailed documents will not be accepted.**
5. Once all documents have been submitted, be sure to close your browser.

In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660



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Student's Name: _____ CSUDH ID#: _____

2024-2025 Income Adjustment Appeal Form

Your 2024-2025 financial aid application reflects income information from the 2022 calendar year. If you or your family's financial situation has changed, you may request to have your financial aid eligibility re-evaluated using 2023 or 2024 income information. Complete this form per the instructions below. Submit to the Financial Aid Dropbox located at: www.csudh.edu/financial-aid/forms/. You will be notified via your Toro mail account once your appeal has been reviewed.

Submission Deadline: Friday, April 25, 2025
(Fall only students: Friday, November 15, 2024)

STEP 1: Select the person(s) impacted by change (check all that apply): Student Spouse Parent(s)

STEP 2: Select the year the loss of income occurred below (select only one option):

2023 tax year - Submit the following documentation:

- A signed copy of the 2023 U.S. Individual Income Tax Return (Form 1040) along with all schedules.
If a 2023 tax return was not filed, please submit the two items below:
1. An IRS Verification of Non-Filing Letter (dated on or after October 1, 2023). Visit www.irs.gov and select "Get Your Tax Record" (and)
2. A typed, signed statement indicating all sources of income and financial assistance received in 2023 to meet basic living expenses.

2024 tax year - Submit the following documentation:

- A typed, signed statement that provides a detailed explanation regarding the change in income, including the month and year the change occurred. This statement should be signed by the person impacted by the change.

NOTE: If this form is submitted after January 1, 2025 and 2024 was the year the income was impacted, submit a signed copy of 2024 U.S. Individual Income Tax Return (Form 1040) along with all schedules.

STEP 3: Include additional supporting documentation specific to your situation. See examples below.

Loss of job:

- Letter from employer showing the last date worked.
Copy of final paycheck stub(s) showing year-to-date earnings.
Documentation of unemployment benefits awarded (if applicable).

Reduction of work hours:

- A copy of the most recent paycheck stub showing year-to-date earnings.
Date reduction occurred: _____ Hourly Pay Rate: _____ Current Hours Per Week: _____

Other circumstance(s):

- Submit a typed, signed statement to explain the circumstances and attach appropriate documentation.
For example: Divorce/Separation after filing your FAFSA or CA Dream Application.

CERTIFICATION

The signature(s) below certify that this information is true and gives the Financial Aid & Scholarship Office at CSUDH permission to make changes to my financial aid offer based on this request.

Student Signature (Required) _____ Date _____

Parent Signature (Required for dependent student) _____ Date _____