

2025-2026 Graduate Student Loss of Income Form

Student Name: _____ Student ID: _____

If your family experiences a significant change in financial status, this form will allow you to request special consideration of your unique financial circumstances for the 2025-2026 academic year. Before submitting this appeal form, the following steps must be completed:

Indicate below which financial circumstances are impacting your family and submit copies of **all supporting documentation** as listed below. Incomplete appeals will not be processed. Any approval is for the *2025-2026 academic year only*.

After completing this form, please upload this and supporting materials through the document upload tool at my.uchicago.edu

| Unemployment / Loss of Job / Retirement / Disability | | January 2025 - December 2025 |
|--|---|------------------------------|
| <p>Choose one:</p> <p>() Loss of income () Reduction of income</p> <p>Name of person experiencing loss or change in income:</p> <p>_____</p> <p>Relationship to student:</p> <p>_____</p> <p>Source of lost income:</p> <p>_____</p> | <p>Estimated wages \$ _____</p> <p>Estimated taxable income</p> <p>Unemployment \$ _____</p> <p>Severance \$ _____</p> <p>Stipend \$ _____</p> <p>Estimated untaxed income</p> <p>Type of untaxed income: _____</p> <p>Amount of untaxed income \$ _____</p> | |
| <p>If you did not use the FAFSA Direct Data Exchange (DDX); submit a copy of your 2023 Tax Return Transcript or signed 1040 tax return If appeal is for loss of income, submit <i>one</i> of the following:</p> <ul style="list-style-type: none"> Signed letter from employer on company letterhead verifying the date of separation. If separated from more than one employer, a letter from each employer is required. Unemployment benefit statement or a signed statement that you did not and will not receive unemployment. <p>If appeal is for reduction income, submit the following as applicable:</p> <ul style="list-style-type: none"> A letter from your employer explaining the projected hours and hourly rate of pay. Copy of last pay stub from former and/or current employer(s). | | |

Certification Statement:

All information provided by me, or any other person on this form, is accurate and complete to the best of my knowledge. If requested, I agree to give proof of the information I have provided on this form.

Proof may include court documents, cancelled checks, tax information, pay stubs, etc. Failure to provide the requested information will result in denial of the appeal. Additional documentation may be requested as needed.

Student Signature *(This form requires a physical signature. Digital signatures cannot be accepted.)*

Date