



# 2020-2021 Loss of Income Due to COVID19

Student Last Name	First Name	Middle Initial	Student ID Number
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Concordia University Irvine understands that families' financial circumstances may have changed due to COVID-19. The Financial Aid Office is committed to partnering with you during this unprecedented time by reviewing your eligibility for financial aid and, where allowable, to adjust financial aid packages. If your eligibility allows for federal and/or state aid, additional documentation will be required. The Financial Aid Office will work hard to make this process as smooth as possible.

Please complete your income information listing from both your 2018 and 2019 tax return or estimated and/or anticipated 2020 resources.

This form contains information from:  Loss of Employment  Loss of Income

**Adjusted Gross Income:**

**2018**

1. What was your parents' adjusted gross income for 2018? Adjusted gross income is on IRS Form 1040—line 7. \$ \_\_\_\_\_
2. From 2018 W2, How much did Parent 1 (father/mother/stepparent) earn from working in 2018? \$ \_\_\_\_\_
3. From 2018 W2, How much did Parent 2 (father/mother/stepparent) earn from working in 2018? \$ \_\_\_\_\_

**2019**

1. What was your parents' adjusted gross income for 2019? Adjusted gross income is on IRS Form 1040—line 8b. \$ \_\_\_\_\_
2. From 2019 W2, How much did Parent 1 (father/mother/stepparent) earn from working in 2019? \$ \_\_\_\_\_
3. From 2019 W2, How much did Parent 2 (father/mother/stepparent) earn from working in 2019? \$ \_\_\_\_\_

**2020 (If parent is not affected, write n/a as amount)**

1. Parent 1 total Year to Date from most recent paystub: Period End Date: \_\_\_\_\_ \$ \_\_\_\_\_  
 Paid:  Weekly  Biweekly  Monthly  
 Unemployment: Start date: \_\_\_\_\_ Weekly Amount: \$ \_\_\_\_\_
2. Parent 2 total Year to Date from most recent paystub: Period End Date: \_\_\_\_\_ \$ \_\_\_\_\_  
 Paid:  Weekly  Biweekly  Monthly  
 Unemployment: Start date: \_\_\_\_\_ Weekly Amount: \$ \_\_\_\_\_

**Other Explanation:** \_\_\_\_\_

I/We certify that the income information provided on this worksheet are true and complete. If asked by the financial aid office, I agree to provide proof and documentation for information listed on this form. I also realize that purposely giving false or misleading information on this form may result in reduced or cancellation of eligibility and/or repayment of financial aid.

Signature of Parent (required for a dependent student) \_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name \_\_\_\_\_ Parent Email \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

*Our office will notify you within 10 business days upon review of this information and what next steps are to follow. Please note, changes or anticipated changes to income may not always result in a change to the financial aid offer, or may result in a one-semester revision that will be re-evaluated. Our staff is committed to working with each student who has concerns about their individual circumstances. Specific questions can be directed to the Office of Financial aid.*

**RETURN TO: Concordia University, Financial Aid Office:** 1530 Concordia West, Irvine, CA 92612  
 FAX: (949) 214-3500; Phone: (949) 214-3066; Email (Must use EAGLES email): [Finaid@cui.edu](mailto:Finaid@cui.edu)