Virginia Highlands Community College
Financial Aid Office
Independent Student Request for Recalculation due to Income Reduction

Student Name_____

Empl ID_____ **Phone #** _____

Complete this form if your financial situation has changed significantly (at least a 20% loss of income) since you filed for student financial aid for the **2013-2014** school year. Information from this form, your 2013-2014 file, and supporting documentation will be used to determine if your eligibility for financial aid can be recalculated due to special conditions. **Income Reduction Appeals, which do not have supporting documentation, will not be reviewed and will be declined. All documentation will be retained by the Financial Aid Office.**

1. **Conditions.** There are five conditions under which recalculations will be considered. Check the appropriate condition under which you are requesting recalculation.

A. [ ] You/ your spouse lost his/her job or is no longer employed full time in 2013. Complete item 2 (on page 2)

_____Date of the change in your situation _____Date of change in your spouse's situation

Please Explain
_____
_____
_____

B. [ ] You/your spouse received some form of untaxed income or benefit in 2012 and has partially or completely lost that income or benefit. (Don't include loss of veteran's education benefits.) Mark untaxed benefits that were lost. Complete item 2 (on page 2)

_____ Date of you/your spouse's loss of income/benefit

_____ Court-ordered child support

_____ Untaxed retirement or disability benefits

_____ Other

Please Explain
_____
_____
_____

C. [ ] You/your spouse received other taxable income such as unemployment, retirement, etc. in 2012 and have completely lost that income or benefit. Mark taxable benefits that were lost. Complete item 2 (on page 2)

_____Date you/your spouse's lost income/benefit

____ Unemployment _____ Taxable retirement _____ Other

Please Explain
_____
_____
_____

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D. [ ] You have already applied for federal student aid, and since that time, your spouse has died. Write in the date of the spouse's death. Complete item 2 below.

_____Date Please attach documentation.

E. [ ] You/your spouse paid unusual medical/dental expenses (not covered by insurance) in 2012. Attach a documented and detailed explanation and list of expenses paid in 2011. Do not complete item 2.

2. **Anticipated income from January 1, 2013 to December 31, 2013**

a) Wages, salaries, tips (including severance pay, disability payments, and any income from work)

	Student	Spouse
1. Actual gross earnings from 1/1/13 through today	$_____	$_____
2. Estimated earnings from today's date to 12/31/13	$_____	$_____

- **Required: Attach a copy of you/your spouse's last check stub showing year to date gross earnings for 2012 and unemployment benefit history for 2012 if applicable. Attach a copy of you/your spouse's 2012 income tax transcript, or documentation supporting untaxed 2012 income. Also, you must complete a 2013-2014 Verification Worksheet.**

b) Other income:

	Student	Spouse
• Unemployment	$_____	$_____
• Other taxable income	$_____	$_____
• Child support received	$_____	$_____
• Other untaxed income (workman's compensation, untaxed pensions)	$_____	$_____
Total anticipated income for 2013	**$_____**	**$_____**

Please provide documentation for income listed above.

You and/or your spouse may be required to provide additional information and documentation that will support your request for recalculation due to income reduction. If your 2012 filed tax return reflects significant discrepancies from the information reported here, no future income reduction appeals will be considered by this office.

All of the information on this form is true and complete to the best of my knowledge.

_____ _____
Signature of Student Date

Please allow at least 21 business days for processing Recalculation.

VHCC Financial Aid Use Only

Approved _____ Rejected _____ Date _____