



**Dependent Student Request for  
Recalculation Due to Income Reduction  
2022-2023**

Name \_\_\_\_\_

Student ID \_\_\_\_\_ Phone \_\_\_\_\_

Complete this form if your parents' financial situation has changed significantly (at least a 20% loss of income) since you filed for student financial aid for the **2022-2023** school year. Information from this form, verification, 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.** ☐ Your parent lost his/her job or is no longer employed full time. Complete item 2 (on page 2)

\_\_\_\_\_ Date of the change in your situation

Please Explain

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**B.** ☐ Your parent received some form of untaxed income or benefit in 2020 or 2021 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 your parents' loss of income/benefit

\_\_\_\_\_ Court-ordered child support

\_\_\_\_\_ Untaxed retirement or disability benefits

\_\_\_\_\_ Other

Please Explain

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**C.** ☐ Your parent received other taxable income such as unemployment, retirement, etc. in 2020 or 2021 and have completely lost that income or benefit. Mark taxable benefits that were lost. Complete item 2 (on page 2)

\_\_\_\_\_ Date your parent lost income/benefit

\_\_\_\_\_ Unemployment

\_\_\_\_\_ Taxable retirement

\_\_\_\_\_ Other

Please Explain

D. [ ] You have already applied for federal student aid, and since that time, a parent has died. Mark the parent who died and write in the date of the parent's death. Complete item 2 below.

Mother \_\_\_\_\_ Father \_\_\_\_\_ Date \_\_\_\_\_

E. [ ] Your parents paid unusual medical/dental expenses (not covered by insurance). Attach a documented and detailed explanation and list of expenses paid in 2020, 2021 or 2022. Do not complete item 2.

**2. Anticipated income from January 1, 2022 to December 31, 2022.**

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

|   | Father   | Mother   |
|---|----------|----------|
| 1. Actual gross earnings from 1/1/22 through today  | \$ _____ | \$ _____ |
| 2. Estimated earnings from today's date to 12/31/22 | \$ _____ | \$ _____ |

- **Required: Attach copy of your parents' last check stub showing year to date gross earnings for 2022 and unemployment benefit history if applicable. Attach copy of your parents' 2020 and/or 2021 income tax transcript, or documentation supporting untaxed income. Also, you must complete a 2022-2023 Verification Worksheet.**

b) Other income:

|  | Father | Mother |
|--|--------|--------|
|--|--------|--------|

|   |                 |                 |
|---|-----------------|-----------------|
| • Unemployment  | \$ _____        | \$ _____        |
| • Other taxable income  | \$ _____        | \$ _____        |
| • Child support received  | \$ _____        | \$ _____        |
| • Other untaxed income (workman's compensation, untaxed pensions) | \$ _____        | \$ _____        |
| <b>Total anticipated income for 2022</b>                          | <b>\$ _____</b> | <b>\$ _____</b> |

Please provide documentation for income listed above.

**You and/or your parents may be required to provide additional information and documentation that will support your request for recalculation due to income reduction. If your most recent 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 30 days for processing Recalculation.**

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VHCC Financial Aid Use Only

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date/Initial \_\_\_\_\_

Revised 01/2022