Independent Student Request for Recalculation
Due to Income Reduction 2022-2023

Name________________________________
Student 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 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. [ ] You/your spouse lost his/her job or is no longer employed full time. 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 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 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 2020 or 2021 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). 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) Student Spouse

1. Actual gross earnings from 1/1/22 through today $__________ $__________
2. Estimated earnings from today’s date to 12/31/22 $__________ $__________

• Required: Attach a copy of you/your spouse’s last check stub showing year to date gross earnings for 2022 and unemployment benefit history if applicable. Attach a copy of you/your spouse’s 2020 and 2021 income tax transcript, or documentation supporting untaxed income. Also, you must be verified for the 2022-2023 academic year.

b) Other income: Student Spouse

• Unemployment $__________ $__________
• Other taxable income $__________ $__________
• Child support received $__________ $__________
• Other untaxed income (workman’s compensation, untaxed pensions) $__________ $__________

Total anticipated income for 2022 $__________ $__________

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 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 business days for processing Recalculation.

VHCC Financial Aid Use Only

Approved ___________________ Rejected ___________________ Date ________________

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