



**Independent Student Request for
Recalculation
Due to Income Reduction
2026-2027**

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 **2026-2027** 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 2024 or 2025 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 2024 or 2025 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

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 2024, 2025, or 2026. Do not complete item 2.

2. Anticipated income from January 1, 2026, to December 31, 2026

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

	Student	Spouse
1. Actual gross earnings from 1/1/26 through today	\$ _____	\$ _____
2. Estimated earnings from today's date to 12/31/26	\$ _____	\$ _____

- **Required: Attach a copy of you/your spouse's last check stub showing year-to-date gross earnings for 2026 and unemployment benefit history if applicable. Attach a copy of you/your spouse's 2024 and 2025 income tax transcripts, or documentation supporting untaxed income. Also, you must be verified for the 2026-2027 academic year.**

b) Other income:

	Student	Spouse
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• Unemployment	\$ _____	\$ _____
• Other taxable income	\$ _____	\$ _____
• Child support received	\$ _____	\$ _____
• Other untaxed income (workman's compensation, untaxed pensions)	\$ _____	\$ _____
Total anticipated income for 2026	\$ _____	\$ _____

Please provide documentation for the 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 the recalculation.

VHCC Financial Aid Use Only

Approved _____ Rejected _____

Date _____