

Request for Consideration of Reduced Income – Danville Community College

Under certain circumstances, students may request that the income information on their FAFSA be reconsidered due to changes that have occurred since the tax year reflected on the FAFSA or situations not taken into account on the FAFSA. If one of the following situations applies to you, please complete this form and submit to the financial aid office so that we may determine whether you are eligible for administrative FAFSA change through a process called “professional judgment.” **Please do not complete this form if you have an EFC of 0.**

Circumstances that may be considered for reduced income:

- Lost income due to involuntary change (layoff, illness, etc.)
- Divorce or separation of student or parent of dependent student
- Recurring medical expenses (more than \$2000 annually)
- One-time payment claimed on taxes that was not used to pay education-related expenses
- Other documentable change to income beyond the control of the student or family

Please complete only the sections of this form that apply to your situation. Attach all requested documentation.

Forms received without documentation will not be processed.

Student Information:

Incomplete forms will be returned unprocessed.

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID: _____ Email: _____ Phone Number: _____

This form is used to request consideration of a reduction in income since a previous tax year that is reflected on the FAFSA. For which tax year are you requesting consideration of reduced income? _____

Explanation of Circumstances:

Please type and attach an explanation of why you are requesting consideration of reduced income.

Current Fund Holdings:

Student (Please include yours and your spouse’s combined amounts if applicable):

As of today, my balance in checking, savings, & cash: _____

As of today, my current value of investment net worth including real estate (**Do not include the house you live in**): _____

As of today, my current value of business and/or investment farm net worth (**Do not include a family farm or family business with 100 or fewer full-time or full time equivalent employees**): _____

Parent(s)* (required for dependent students whose parental information is required on FAFSA):

As of today, my current balance in checking, savings, & cash: _____

As of today, my current value of investment net worth, including real estate (**Do not include the house you live in**): _____

As of today, my current value of business and/or investment farm net worth (**Do not include a family farm or family business with 100 or fewer full time or full time equivalent employees**): _____

How many people are in your household? Independent students: include yourself, your spouse, and any dependents who live with you and for whom you pay at least 50% of expenses. Dependent students: include yourself, your parent(s), and any dependents who live with your parents and for whom your parents pay at least 50% of expenses. _____

How many of your household members are attending college at least half-time (6 or more credits per semester)? _____

Check which circumstance applies to you and/or your family and attach requested documentation.

My Income, my parent's income, or my spouse's income was reduced due to layoff, termination, downsizing, hours reduction, etc. Please note that in most cases, quitting work to return to school cannot be considered as a reason for reconsideration of financial aid eligibility in the first calendar year after the change.

Date of income reduction: _____ Name of affected person: _____

Monthly income amount for affected person **prior** to change: _____

Monthly income amount for affected person **after** change: _____

Attach as many of the following as possible:

- Layoff/termination letter or letter from employer indicating hours reduction or other change
- If currently receiving unemployment, recent unemployment statement
- If currently employed at a lesser-paying job, at least 2, preferable 3-4 recent pay stubs

Have any other household members whose information is required by FAFSA had increases **or** decreases in income: ___ Yes ___ No

I, my parent, my spouse, or my dependents have ongoing medical expenses in excess of \$2000 annually. Please note that consideration can generally only be made for ongoing expenses. One-time expenses may be considered under certain circumstances if they occurred in the aid year being reviewed.

Total estimated annual amount of medical expenses not covered by insurance: _____

Attach as many of the following as possible:

- Medical bills indicating costs not covered by insurance
- If insurance is a high deductible of high out-of-pocket plan, documentation of the deductible and out-of-pocket amounts
- Letter from doctor or doctors indicating condition is ongoing

My FAFSA reflects a one-time payment (such as IRA/retirement withdrawal, gambling winnings, settlement payout, etc) made to me, my parent, or my spouse that was used for non-educational expenses. Please note that payments of less than \$2000 cannot be considered.

Date of payment received: _____ Total amount of payment: _____

Attach as many of the following as possible:

- Tax return or tax return transcript indicating the lump payment
- Receipts of use of funds
- Indication of rollover of funds into another non-accessible account

I, the student, have become separated or divorced, OR, the parent included on my FAFSA has become separated or divorced, and _____ taxes were filed as married. If choosing this option, please provide:

- The most recent W2 for the person who has become separated or divorced or, if that person's income has been reduced, 3-4 recent pay stubs.
- Documentation of separation or divorce, such as divorce decree, custodial arrangements or evidence that both parties are maintaining separate residences (lease agreements, mortgage documents, or utility bills clearly indicating the names of both members of the previously married couple and different addresses).

I, my parent, or my spouse has had a reduction to income that affects our ability to pay tuition but is not covered under one of the topics above. If choosing this option, please be sure that the typed description is thorough and that documentation is provided. If you need help deciding what documentation to use, please consult with a financial aid advisor.

Certification and signature: I certify by my signature below that the information provided on this form is complete and correct to the best of my knowledge.

Student Signature: _____ Date signed: _____

Parent Signature (for dependent students): _____ Date signed: _____

NOTE: Forms must be physically signed with a pen or drawn using the "fill and sign" option on the PDF. TYPED SIGNATURES ARE NOT ACCEPTED. Please return your completed form in one of the following ways: Electronic (DCCCFinAid@danville.edu) or bring it to the Financial Aid Office in the Wyatt Building Room 111 or mail the form to Danville Community College, Financial Aid Office, 1008 South Main Street, Danville, VA 24541 or fax to 434-797-8541. If you have questions please call 434-797-8567.