

Southwest Virginia 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 **2016-2017** school year. Information from this form, your 2016-2017 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 2016. Complete item 2 (on page 2)

\_\_\_\_\_ Date of the change in your situation \_\_\_\_\_ Date of change in your spouse's situation

Please Explain

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**B.**  You/your spouse received some form of untaxed income or benefit in 2015 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

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**C.**  You/your spouse received other taxable income such as unemployment, retirement, etc. in 2015 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 2015. Attach a documented and detailed explanation and list of expenses paid in 2015. Do not complete item 2.

**2. Anticipated income from January 1, 2016 to December 31, 2016**

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

	Student	Spouse
1. Actual gross earnings from 1/1/16 through today	\$ _____	\$ _____
2. Estimated earnings from today's date to 12/31/16	\$ _____	\$ _____

• **Required: Attach a copy of you/your spouse's last check stub showing year to date gross earnings for 2014 and unemployment benefit history for 2015 if applicable. Attach a copy of you/your spouse's 2015 income tax transcript, or documentation supporting untaxed 2015 income. Also, you must complete a 2016-2017 Verification Worksheet.**

b) Other income:

	Student	Spouse
• Unemployment	\$ _____	\$ _____
• Other taxable income	\$ _____	\$ _____
• Child support received	\$ _____	\$ _____
• Other untaxed income (workman's compensation, untaxed pensions)	\$ _____	\$ _____
<b>Total anticipated income for 2016</b>	<b>\$ _____</b>	<b>\$ _____</b>

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 2015 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.**

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SWCC Financial Aid Use Only

Approved \_\_\_\_\_

Rejected \_\_\_\_\_

Date \_\_\_\_\_