

## Request for Consideration of Reduced Income - Blue Ridge 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 changes 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. If you do not know your Student ID number, [see instructions for looking up your ID.](#)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ID: \_\_\_\_\_ E-mail: \_\_\_\_\_ 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:

Use this space to give a brief explanation of why you are requesting consideration of reduced income (attach additional sheets if necessary):

### 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**): \_\_\_\_\_

**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(s) pay at least 50% of expenses. \_\_\_\_\_

**How many of your household members are attending college** at least half-time (generally 6 or more credits per semester):? \_\_\_\_\_

#### 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**): \_\_\_\_\_

**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

If so, please attach documentation.

**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 or 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 for 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 most recent tax returns 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 description on the reverse side 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: \_\_\_\_\_

*Please return your completed form in one of the following ways: Electronic: Upload to To-Do list item in SIS, email to [brccfinancials@brcc.edu](mailto:brccfinancials@brcc.edu), or electronic upload at DropSecure. 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. Fax to 540-234-8189. Mail to Blue Ridge Community College, Office of Financial Aid, Box 80, One College Lane, Weyers Cave, VA 24486. If you have questions or need assistance, please call 540-453-2301.*