

2026-2027 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. 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 a Student Aid Index (SAI) 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
- 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, instructions for looking it up can be found at <https://www.brcc.edu/student-support-services/computing/my-brcc-support/>

Last Name/Surname: _____ First Name/Given Name: _____ Middle Initial: ____

Student ID: _____ E-mail: _____ Phone Number: _____

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):

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

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

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 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): _____

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): _____

Baseline information:

All students completing this form, please **provide the following documents** so that we may verify your FAFSA information before proceeding with the request to make changes. *(Not required for those who used IRS Data Retrieval on the FAFSA)*

Student 2024 1040 federal tax return (and spouse taxes if student is married, regardless of whether you were married in 2024.)

Parent(s)'s 2024 1040 federal tax return if parent information was required on the FAFSA.

If you or your parent(s) or spouse were not required to file a tax return but worked in 2024, provide all **W2's** for 2024.

If you/your parent(s) were not required to file because you did not work in 2024, please provide a **written statement** indicating that you/your parent(s) did not work or file taxes in 2024.

REQUIRED: How many people are in your family? Independent students: include yourself, your spouse, and any dependents who live with you and for whom you pay at least 50% of the 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 the expenses. _____

REQUIRED: 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 **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 family members whose information is required by FAFSA had increases **or** decreases in income? ☐ Yes ☐ No

If so, please attach documentation.

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 2024 taxes were filed as married filing jointly. 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. **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.**

Student Signature: _____ Date: _____

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

Please submit your completed form and documentation either by **uploading** it electronically via [Drop Secure](#), or **in person** at the Financial Aid Office in the Houff Student Center. If you have questions or need assistance, please call 540-453-2301.