NEW RIVER Community College Student Name: Request for Recalculation Due to Income Reduction 2024-2025: Special Circumstance			
-	lete this form if your, your spouse's, or your parents' financial situation has changed significantly the information you entered on the FAFSA for the 2024-2025 school year.		
the F	e we will consider an income reduction, we must verify that the information originally submitted on AFSA is correct. If you have not already completed the verification process, you may be asked for ional documentation.		
Checl	1 – Reason for Appeal: There are five conditions under which recalculations will be considered. It the appropriate condition that applies to you and your family and submit the required ments.		
	Loss of Job/Decrease in Income: You, your spouse or your parents lost a job or are no longer employed full-time. You must submit a signed statement indicating the circumstances and include either a copy of the unemployment benefits statement, the letter of termination, or a signed statement indicating loss of job on company letterhead from the former company. Please include the dates of job loss or switching to part time in your signed statement.		
	Loss of Untaxed Income: You, your spouse or your parents received some form of untaxed income or benefit and has partially or completely lost that income or benefit. Attach a signed statement explaining the benefit and circumstances.		
	Loss of Taxable Income: You, your spouse or your parents received other taxable income such as unemployment, retirement, etc. and has completely lost that income or benefit. Attach a signed statement explaining the benefit and circumstances.		
	☐ Death of Spouse or Parent: Your spouse or parent for whom income was submitted on the FAFSA has died. <i>Please submit a copy of the death certificate.</i>		
	Unusual/Unreimbursed Medical Expenses: You, your spouse or your parents paid unusual medical/dental expenses (over \$2,000 out-of-pocket and not reimbursed by insurance) in 2022 or 2023. Attach a detailed explanation, listing the expenses paid in either 2022 or 2023, and documentation to show expense. (A year-end statement from your health insurance company is ideal documentation.)		

STEP 2 – Which Calendar Year's Income Do You Wish to Be Considered?

Signature of Parent (if parental information on FAFSA)	 Date
Signature of Student	Date
Income reduction appeals that do not have proper supp will be declined. You, your spouse, or your parents migh and documentation that will support your request for reinformation on this form is true and complete to the best	t be required to provide additional information ecalculation due to income reduction. All the
☐ I am requesting income recalculation after Jareturn transcripts (and my spouse's if applicable) my parents, if parental information is required o income. If taxes have not been filed, please subn	or 2024 IRS tax return transcripts for me and n the FAFSA, plus documentation of all untaxed
As of date of submission, documental spouse, if applicable, and my parents,	tion of all untaxed income earned by me, my if parental information required on the FAFSA end of 2024, a list of all anticipated earned and y members is listed above.
• • • • • • • • • • • • • • • • • • • •	ast 2024 pay stubs for all jobs worked (must th parent whose information is required to
date earnings) ➤ Copies of spouse's most recent/last 2	tubs for all jobs worked (must include year-to- 024 pay stubs for all jobs worked (must include
2024, and only up until January 1, 2025 (after , the	CC will not project 2024 income until after July 1, ne option below must be selected). I will submit:
I am requesting that NRCC Financial Aid staff completed tax information. I am submitting my 2 applicable) or my 2023 IRS tax return transcripts required on the 2024-2025 FAFSA.	2023 IRS tax return transcripts (and spouse's if
<u>Only one request</u> for consideration of reduced income processed for 2024-2025. Please check the request you	