



## 2016-2017 Request for Income Adjustment

Student Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_ Date: \_\_\_\_\_

Federal Student Aid eligibility is based on the gross annual income from the previous tax year. If your income has recently changed or you have special circumstances that were not taken into account on your FAFSA, we may be able to reevaluate your financial need base. For dependent students, we will consider both student and parent income. For independent students, we will consider student and spouse (if applicable) income.

Unfortunately, there are certain circumstances that we **cannot** consider based on personal choices, such as expenses for car payments, consumer debt, personal bankruptcy, housing, school loan payments or other frivolous spending.

**IMPORTANT:**

- **Not all requests will result in a change in federal student aid eligibility**
- **You may only submit one request per academic year**
- **Incomplete requests will not be considered and will ultimately be denied**
- **The CNC Financial Aid Coordinator's decision is final and cannot be appealed.**

**WHAT YOU NEED TO DO**

- Complete Sections I through V of this form
- Return this form and all required documentation to the CNC Financial Aid Office

<b>SECTION I – Reason for Request of Income Adjustment</b>	
<input type="checkbox"/> Loss OR change of employment. Consideration will be given after July 1, 2016 <input type="checkbox"/> Student <input type="checkbox"/> Mother (Step-mother) <input type="checkbox"/> Spouse (if married) <input type="checkbox"/> Father (Step-father)	
<input type="checkbox"/> Loss of untaxed income <input type="checkbox"/> Child Support <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other _____	
<input type="checkbox"/> Loss of a Family Member <input type="checkbox"/> Student divorce or separation <input type="checkbox"/> Death of a Spouse <input type="checkbox"/> Parent Divorce or separation <input type="checkbox"/> Death of a Parent	
<input type="checkbox"/> Unusual medical, dental or handicapped related expenses	
<input type="checkbox"/> Other _____	

**SECTION II – Statement of Situation**

***RELATIONSHIP RESPONSIBILITY RECIPROCITY REDISTRIBUTION***



In a **TYPED statement**, please explain your financial situation using dates and specific details. You must address all sources of income that you, your spouse (if applicable as an independent student) and your parents (if applicable as a dependent student) receive or expect to receive in the next year. Failure to provide specific details regarding your situation will result in the denial of your request.

**SECTION III – Required Documentation**

<p><b>ALL Requests</b></p>	<ul style="list-style-type: none"> <li>• Copy of 2015 IRS Tax Transcript OR successful LINK of IRS data</li> <li>• Copy of all 2015 W2 forms</li> <li>• Completed Verification Worksheet</li> </ul>
<p>Loss of employment  <b>(Must be unemployed for at least 6 weeks Prior to request)</b>  OR  Change of employment    <i>NOTE: If you, your spouse or parent have held more than one job but are no longer working at any of them, you must provide verification of non-employment for each.</i></p>	<p>Loss of employment</p> <ul style="list-style-type: none"> <li>• Letter from previous employer indicating last day worked</li> <li>• Copy of your last pay stub or letter containing Year to Date earnings</li> <li>• Statement of benefits from unemployment agency</li> </ul> <p>Change of employment</p> <ul style="list-style-type: none"> <li>• Letter from previous employer indicating last day worked</li> <li>• Copy of your last pay stub from previous employer containing Year to Date earnings</li> <li>• Copy of most recent pay stub of letter from new employer stating rate of pay and average hours worked per week</li> </ul>
<p>Loss of untaxed income</p>	<p>Child Support</p> <ul style="list-style-type: none"> <li>• Letter from child support enforcement agency or divorcee decree showing date of last payment</li> <li>• Documentation of new monthly amount of child support for other minor children in the household (if applicable)</li> </ul> <p>Workers Compensation</p> <ul style="list-style-type: none"> <li>• Copy of termination of benefits letter from Workers Compensation</li> <li>• Documentation of monthly benefit amount prior to termination</li> </ul> <p>Other</p> <ul style="list-style-type: none"> <li>• Copy of letter from the agency that provided benefits detailing termination and summary of benefits</li> </ul>
<p>Loss of a Family Member</p>	<p>Divorce or separation</p> <ul style="list-style-type: none"> <li>• Divorce Decree, court judgment entry, letter from an attorney or clergy person</li> <li>• Documentation verifying custody of minor children involved</li> <li>• Documentation verifying child support received or paid for minor children involved</li> </ul> <p>Death</p> <ul style="list-style-type: none"> <li>• Death certificate or obituary notice</li> </ul>

**RELATIONSHIP RESPONSIBILITY RECIPROCITY REDISTRIBUTION**



Unusual medical, dental or handicapped related expenses	<ul style="list-style-type: none"> <li>• Copy of Schedule A – Itemized Deductions from the 2015 Federal Tax Return</li> <li>• If you did not complete a Schedule A – Itemized Deductions in 2015, submit an itemized list of medical expenses paid AND copies of receipts or canceled checks for each medical expense.</li> <li>• An Explanation of Benefits from the insurance company will NOT be considered proof of payment.</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Signed statement from student, parent or other individual explaining your circumstances.</li> <li>• Pertinent documents supporting your request for special consideration, such as bank statements, prior year tax return, court documents, etc.</li> </ul>

**SECTION IV – Estimated Income**

Please provide an estimate of your current income. It is important that you provide figures for an entire 12 month period. **Include ALL income you expect to receive from January 1, 2016 through December 31, 2016.** If an item does not apply to you please enter "0". If you will receive some income for part of the year please include beginning and ending dates.

Type of Income	Parent		Student
Gross wages, tips, salaries, severance pay	Father	\$ _____	Student \$ _____
	Mother	\$ _____	Spouse \$ _____
Unemployment benefits		\$ _____	\$ _____
Social Security benefits for all family members		\$ _____	\$ _____
Retirement/Pension benefits		\$ _____	\$ _____
Self-Employment		\$ _____	\$ _____
Farm Income		\$ _____	\$ _____
Rental Income		\$ _____	\$ _____
Interest/Dividend Income		\$ _____	\$ _____
Workers Compensation		\$ _____	\$ _____
Child Support received for all minor children in the household		\$ _____	\$ _____
Public Assistance		\$ _____	\$ _____
Alimony		\$ _____	\$ _____
Other _____		\$ _____	\$ _____

**RELATIONSHIP RESPONSIBILITY RECIPROCITY REDISTRIBUTION**



**SECTION V – Statement of Certification**

I certify that the information contained in this Request for Special Consideration is true to the best of my knowledge and if requested, I agree to provide **CNC** Financial Aid Office with further documentation for any information provided on this form. If my financial situation or circumstances change from what is indicated in this request, I agree to notify the CNC Financial Aid Office.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Warning:**

**If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

**RETURN COMPLETED FORM** either brought mailed or faxed  
**(Along with photocopies of any required documents)** as soon as possible to:  
Comanche Nation College Financial Aid Office  
1608 SW 9th Street, Lawton, OK 73501 (580) 591-0203 / FAX: (580) 591-0217

***RELATIONSHIP RESPONSIBILITY RECIPROCITY REDISTRIBUTION***

