

Student ID# \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form if something in your financial situation has changed significantly since 2019, which is the income information that you used to file your FAFSA for 2021-2022. \* During the Public Health Emergency, you will only need to provide 2020 or 2021 income information for tax adjustments on your 2021-2022 FAFSA\*

**Documentation and a letter from the student explaining the situation/reason must be attached to this request.** Preferred documentation examples are provided below. Students selected for verification must complete the verification process prior to this request being reviewed.

Special Circumstances	Preferred Documentation(s)
<p><b>Loss of Employment or Income Reduction</b></p> <ul style="list-style-type: none"> <li>• Student</li> <li>• Spouse</li> </ul>	<ul style="list-style-type: none"> <li>• Person’s last paycheck stub showing year-to-date earnings</li> <li>• Proof of unemployment or lay-off</li> <li>• Proof of Severance or pension income, if any</li> <li>• Proof of retirement</li> <li>• Loss of child support</li> <li>• Loss of disability support</li> <li>• Copy of 2020 W-2 Form or Federal Income Tax Return</li> <li>• Copy of Employment Security Statement which indicates amount of benefits received</li> </ul>
<p><b>Death/Separation/Divorce</b>  <b>Has student remarried? Yes or No</b></p>	<ul style="list-style-type: none"> <li>• Death certificate or obituary notice</li> <li>• Final divorce decree</li> <li>• Signed attorney statement with date of separation</li> <li>• Copy of legal separation document</li> </ul>
<p><b>Other</b></p>	<ul style="list-style-type: none"> <li>• Copies of insurance Explanations of Benefits (EOB) for out-of-pocket medical expenses</li> <li>• Proof of out-of-pocket payment for other extenuating circumstances</li> </ul>

I certify that all information provided is true and complete to the best of my knowledge. **Incomplete requests will be denied.** Students will be notified via KCC email of the result of this request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	Approved	Denied	Financial Aid Administrator: _____
		Date: _____	
_____ Old EFC		_____ New EFC	
Data element adjustments and comments: _____			
_____			