

Office of Financial Aid & Veterans Affairs

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629 Industrial Park Avenue • Asheboro, NC 27205 336-633-0200 • www.randolph.edu

2022-2023 Income Adjustment Request - Independent Students

Last Name	First Name	RCC Student ID # or SSN	
Mailing Address		City/State/Zip	
Phone Number (include Area	Code)	Email Address	
income reported on yo	our FAFSA. You are entitle a review to take place, you	ant change in your household's income since the and to a review of your situation to see if it warrant must complete this form and return it to the Office	its an
calculating your 2022 situation. Then comp	-2023 financial aid eligibilete section A, B, C or D and providing the document	situation since the 2020 tax year. This will assist lity. Please provide a complete description of as appropriate for your circumstance, answering tation requested at the end of that section. Please inc	your each

Please complete one of the four sections (A-D) that best applies to your situation.

ame of person who was employed	<u>d</u>	Loss of job—currently unemploy
ate last worked		Name of person who was employed
ate last worked		Relationship to student
If so, what is the gross amount of benefits per week? \$		Name of employer
If so, what is the gross amount of benefits per week? \$ Beginning and ending dates of benefits		Date last worked
If so, what is the gross amount of benefits per week? \$		Reason for job loss
Beginning and ending dates of benefits		Qualify for unemployment?
If yes, list benefits	ount of benefits per week? \$	If so, what is the gross ar
If yes, list benefits	es of benefits	Beginning and ending da
If yes, what are the expected earnings? \$	ng benefits?	Eligible for any government/retrain
If yes, what are the expected earnings? \$		If yes, list benefits
Last pay stub Severance letter/notice if available Unemployment benefits statement 2020 IRS tax transcript and W-2's Number in Household form for Independent Students eduction in income/hours worked—currently underemployed ame of person who is underemployed elationship to student ame of employer (Include former and new employer names, if applicable) atte of change	for other work in the next 12 months?	Will unemployed person be looking
Last pay stub Severance letter/notice if available Unemployment benefits statement 2020 IRS tax transcript and W-2's Number in Household form for Independent Students eduction in income/hours worked—currently underemployed ame of person who is underemployed elationship to student ame of employer (Include former and new employer names, if applicable) atte of change	ed earnings? \$	If yes, what are the expec
elationship to student	t s dependent Students	—Unemployment benefits stateme —2020 IRS tax transcript and W-2 —Number in Household form for I
ame of employer(Include former and new employer names, if applicable) ate of change		
ame of employer(Include former and new employer names, if applicable) ate of change		Relationship to student
ormer gross income level <u>\$</u> /wk. Or <u>\$</u> /mo.		Date of change
	/wk. Or <u>\$</u> /mo.	Former gross income level \$
ew gross income level \$/wk. Or\$/mo.	/wk. Or <u>\$</u> /mo.	New gross income level \$
eason for reduction		Reason for reduction
ill underemployed person be looking for other or additional work in the next 12	ng for other or additional work in the next 12 months?	Will underemployed person be look

	Attach: —Current pay stub showing new income levels. —2020 IRS tax transcript and W-2's —Number in Household form for Independent Students
C)	One time Income/Gains
	What amount was a one-time distribution in 2020?\$
	What was the source/reason for these funds?
	How were these funds used/spent?
	Attach: —Documentation of distribution payment —2020 IRS tax transcript and W-2's —Number in Household form for Independent Students
D)	<u>Unusual Medical expenses</u>
	Name of person incurring medical expenses
	Relationship to student
	Nature of illness
	Total amount paid in 2020 _\$
	(Include only amounts for medical expenses paid by cash, check or credit card. Do not include amounts paid by insurance or balances still owed to medical providers.)
	Attach: —Documents showing patient's name and medical diagnosis —Itemized listings of total amount paid; one out-of-pocket and one by provider —2020 IRS tax transcript and W-2's —Number in Household form for Independent Students

Please provide estimates for the following individuals (if applicable). Please be sure to not leave items blank; either answer with zeros or NA (Not Applicable) if there is no income.

TOTAL ESTIMATED INCOME FOR 2022 (use gross, not "take home" income):

	Student	Spouse
Total work income, actual and/or estimate, from 1/1/22 to 12/31/22:	\$	\$
Total of other taxable income from 1/1/22 to 12/31/22: (i.e. unemployment benefits, etc.)	\$	\$
Jntaxed income/benefits from 1/1/22 to 12/31/22:		
Child Support Received	\$	\$
Other	\$	\$
	\$	\$
- <u></u>	\$	\$
Certifications and Signatures Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was	WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.	
reported on the FAFSA must sign and date. Print Student's Name	RCC Student ID	or SSN
Student's Signature	Date	
Spouse's Signature if married	Date	
Parent's signature if dependent	Date	