



# Central Alabama Community College

## Request for Financial Aid Adjustment

If you, your spouse's, or your parents' (for dependent students) financial situation has been altered significantly from the information you were required to provide on the current FAFSA, you may request a financial aid adjustment by completing this form. Information from this form, supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if an adjustment can be made. All supporting documentation required by the Financial Aid Office must be attached to your request. Please note this form does not guarantee your request will be approved or that you will be eligible for additional aid.

### A. Student's Information (Please Print)

_____	_____	_____	_____
Student's Last Name	Student's First Name	Student's M.I.	Student's CACC ID Number (if known)
_____			_____
Student's Street Address (include apt. #)			Student's Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Student's Email Address
_____		_____	
Home Phone Number		Cell Phone Number (include area code)	

B. Complete the following if you, your spouse, or your parents (for dependent students) expect to earn less in the current year than the previous year because of a change in or loss of employment; or you, your spouse, or parents (for dependent students) received benefits such as Social Security, Veterans Benefits, retirement income, or unemployment benefits in the previous year and those benefits have been reduced or temporarily suspended. Please provide documentation from your employer, former employer, or the appropriate government agency confirming the change in your income or benefits.

### IMPORTANT NOTE:

- a. For changes in income, documentation must be provided showing your last date of employment, the date your income changed, your year-to-date earnings, and your new income.
- b. For changes in benefits, documentation must be provided indicating the date your benefits changed or stopped and the monthly amount of your benefits.

### 1. Loss of Income from Work – Must Provide Copy of Unemployment Information:

Last Date of Work: \_\_\_\_\_ Weeks unemployed to date: \_\_\_\_\_

Did you receive unemployment? \_\_\_\_\_ Weekly Amount: \_\_\_\_\_

### 2. Loss of Untaxed Income – Must Provide Copy of Documentation Supporting Claim

Social Security Benefits: \_\_\_\_\_ (Attach Documentation)

Child Support: \_\_\_\_\_ (Attach court documentation stating termination of benefits)

**C. Change of Income or Status Due to Other Unusual Circumstances – Attach Documentation to Support Your Claim**

**1. Medical Circumstances:**

Date of issues: \_\_\_\_\_

Explanation of Circumstances:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Other Unusual or Special Circumstances that Should Be Considered – Attach Documentation to Support your Claim**

Date of issues: \_\_\_\_\_

Explanation of Circumstances:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Actual and Estimated Income**

<u>Income Item</u>	<u>Prior Year Information</u>	<u>Estimated Current Year Information</u>
Parent 1/Step-Parent 1	\$	\$
Parent 2/Step-Parent 2	\$	\$
Student	\$	\$
Spouse	\$	\$
Other Taxable Income (interest, pensions, unemployment, etc.)	\$	\$
Other untaxed income (child support, social security, welfare, etc.)	\$	\$
<b>Total</b>	\$	\$

**E. Certification Statement – Please read carefully before signing.**

All relevant or requested information and/or documentation must be attached to this request. **Incomplete requests will not be reviewed.**

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have given false or fraudulent statements and/or documentation, this will request will be denied and any eligibility for federal and state student aid may be suspended or canceled.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Spouse Signature

\_\_\_\_\_  
Date

**NOTE: A complete packet consists of the following:**

\_\_\_\_\_ **Completed Request for Financial Aid Adjustment Packet**

\_\_\_\_\_ **Completed Verification Packet**

\_\_\_\_\_ **Copies of tax transcript and/or W2's**

\_\_\_\_\_ **Personal Statement**

\_\_\_\_\_ **Any additional documentation to support the request**

\_\_\_\_\_ **Signed certification statement**

**REMINDER – All documentation must be submitted to receive consideration.**

***Return this worksheet along with supporting documentation to the Financial Aid Office:***

***Financial Aid Office – Alexander City Campus***  
1675 Cherokee Road  
Alexander City, AL 35010

***Financial Aid Office – Childersburg Campus***  
34091 US Hwy 280  
Childersburg, AL 35044

***Financial Aid Office – Talladega Center***  
1009 South Street East  
Talladega, AL 35160

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Also, you may be subject to disciplinary action by the College.**