

Financial Aid: Request for Recalculation Due to Income Reduction 2024-2025

Name ______ Student ID _____

Complete this form if your, your spouse's, or your parents' financial situation has changed significantly from the information you entered on the FAFSA for the 2024-2025 school year. Deadline : The request would need to be submitted prior to the end of the last semester you attended within the award year or prior to your last date of attendance within an award year, whichever is earlier.
For students who previously received approval for a 2023-2024 income reduction using projected income: Should your actual 2023 IRS tax return transcripts submitted with this appeal reflect significant discrepancies from the information processed on the 2023-2024 income reduction, adjustments will be made to the 2023-2024 file accordingly.
Before we consider an income reduction, we may verify that the information originally submitted on the FAFSA is correct. If you have not already completed the electronic verification process, via Inceptia Verification Gateway, you may receive an email requesting you complete the electronic verification process.
STEP 1 - Reason for Appeal: There are five conditions under which recalculations will be considered. Check the appropriate condition that applies to you and your family and complete the information for that circumstance.
Loss of Job/Decrease in Income: You, your spouse or your parent(s) lost a job or have experienced a decrease in income. You must submit a signed statement indicating the circumstances. Please include the dates of job loss or change in employment status in your signed statement. For job loss, please provide 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.
□ Loss of Child Support: The amount of child support received by you, your spouse, or your parent(s) that was reported on the 2024-2025 FAFSA has been reduced or ended completely. Attach a signed statement explaining the loss and when it ended or was reduced.
□ Loss of Taxable Income: You, your spouse or your parent(s) received other taxable income such as unemployment, retirement, etc. and have completely lost that income or benefit. Attach a signed statement explaining the benefit and circumstances.
☐ Death of Spouse or Parent(s) : Your spouse or parent(s) for whom income was submitted on the FAFSA has died. Please submit a copy of the death certificate and copies of the 2022 tax return and W2 information for you, your spouse (if applicable).
☐ Unusual/Unreimbursed Medical Expenses: You, your spouse or your parent(s) paid unusual medical/ dental expenses (over \$2000 out-of-pocket and not reimbursed by insurance) in 2023 or 2024. Attach a detailed explanation, listing the expenses paid in either 2023 or 2024, and documentation to show expenses. A year-end statement from your health insurance company or Schedule A of the 2023 tax return are recommended



Step 2 - Which Calendar Year's Income Do You Wish to Be Considered?

Please check the appropriate box for the request you are making. Only one request will be con	Isidered for 2024-2025:
Option #1. This option is only available up until November 1, 2024. I am requesting that recalculate my FAFSA results using 2023 completed tax information. I am submitting my (and 2023 IRS tax return transcripts with applicable schedules (1,2 3, or C) and 2023 W2's or 2023 with applicable schedules (1,2 3 or C) and 2023 W2's for me and my parent(s) if parental inform 2024-2025 FAFSA. If no taxes were filed in 2023 for you, your spouse or parent(s), please statement regarding any income earned from work, untaxed income, or any other source 2023 for each applicable individual mentioned above. The statement must be signed by applicable) and parent(s) (if applicable). W2's are required for all non-tax filers. If no taxe complete page 3 of this form.	my spouse's, if applicable), IRS tax return transcripts mation is required on the e provide a detailed es of income received in the student, spouse (if
Option #2. This option is not available until after July 1, 2024, and only up until Novel requesting that NOVA Financial Aid staff recalculate my FAFSA results using 2024 estimated to	
 A signed statement indicating all jobs worked in 2024 for myself, my spouse (if applicable) parental information is required on the 2024-2025 FAFSA). Please also complete page 3 Copies of most recent/last 2024 pay stubs for all jobs worked (must include year-to-date examplicable). Copies of spouse's most recent/last 2024 pay stubs for all jobs worked (must include year-applicable). Copies of parent(s) most recent/last 2024 pay stubs for all jobs worked (must include year-parent whose information is required to complete the FAFSA. As of date of submission, documentation of all untaxed income earned by me, my spouse, parent(s), if parental information required on the FAFSA. 	of this appeal form. arnings)to-date earnings), if -to-date earnings) for each
Option #3: For requests submitted after November 1, 2024. I am requesting an income 2024 tax and income information. I will submit my (and my spouse's, if applicable) 2024 IRS ta applicable schedules (1,2 3, or C) and W2's or 2024 IRS tax return transcripts with applicable w2's for me and my parent(s) (if parental information is required on the FAFSA), plus documer income. If no taxes were filed in 2024 for you, your spouse or parent(s), please provide a regarding any income earned from work, untaxed income, or any other sources of income each applicable individual mentioned above. The statement must be signed by the study and parent(s) (if applicable). W2's are required for all non-tax filers. If no taxes were filed of this form.	x return transcripts with schedules (1,2 3, or C) and ntation of all untaxed detailed statement ne received in 2024 for ent, spouse (if applicable)
Income reduction appeals that do not have proper supporting documentation will not be review You, your spouse, or your parents might be required to provide additional information and document your request for recalculation due to income reduction. All of the information on all pages of this to the best of my knowledge.	umentation that will support
Signature of Student	Date
Signaturee of Spouse (if married)	Date
Signature of Parent (if parental information on FAFSA	Date



For each job worked in 2024, please indicate the person (student, spouse, parent 1, parent 2), the company or business name, start date, end date, if applicable, and whether the person is currently employed, was laid off, was terminated (resigned) or was furloughed. Please list ALL jobs worked in 2024. If any were self-employed, please include a profit and loss statement for business. Use back of page if additional space is needed.

Person	Company Name/ Business	Start Date	End Date (if applicable)	Currently Employed	Laid Off	Terminated/ Resigned	Furloughed



Please provide information on funds received for any items below that apply. If more than one person has each item, please add them together for the YTD amount and the projected amount. (Please fill in all amounts. Please enter "0" in all boxes if they do not apply)

Who receives:	Student	Spouse	Parent 1	Parent 2	2024 Year to Date Amount Received (1/1/2024 to Today)	Projected 2024 Amount (Today to 12/31/2024)
Unemployment						
Severance Pay						
Workers Compensation						
IRA Distributions – Taxable or untaxable						
Pensions – Taxable or untaxable						
Child Support Received						