

Financial Aid Office
1042 West Hamlet Avenue
Post Office Box 1189
Hamlet, NC 28345
Phone (910) 410-1726
Email financialaid@richmondcc.edu

## 2023-2024 Income Adjustment Request

Name:	Student ID:
Phone:	Email address:
Please check the special circumstance	category that applies to your request:
www.IRS.gov, click on the "Get Your Tax	D. Loss of Income or BenefitsE. Received one-time income in 2020F. Other change in Income, please explain.  and/or 2022. Request a Tax Return Transcript from the IRS at Record" link, then click "Get Transcript Online" or "Get Transcript by to request the "IRS Tax Return Transcript" and not the "IRS Tax
Account Transcript". If someone is marrie Return Transcripts for both individuals.	d or remarried and filed separate tax returns, you must submit Tax
2. Provide W2s for the 2021 and/or 2022 to	ax year for student, spouse, or parent(s).
3. Give a written reason for the request on	this form in the section designated below.
	nent, please submit a letter on company letterhead stating the exact ent payment history statement. The payment history statement can rity Commission.
	nent due to high medical bills, you must submit a copy of each bill ance has paid). This can include gas for trips to the doctor,
6. In the case of a death, please provide a copy of the Death Certificate.	
	uired documentation to the Richmond Community College Financial ewed until all documentation is received. In some circumstances you tion after the review.
Please explain the special circumstance	es that might affect your need for student financial aid.

Certification and Signature:	
f you are the student, by signing this application  (1) will use federal and /or state student fi	n you certify that you nancial aid only to pay the cost of attending an institution of higher
education,	pan or have made satisfactory arrangements to repay it,
<ul><li>(3) do not owe money back on a federal str</li><li>(4) will notify your college if you default on a</li></ul>	udent grant or have made satisfactory arrangements to repay it.
(5) will not receive a Federal Pell Grant for	more than one college for the same period of time.
true and complete to the best of your knowled	If this application you certify that all of the information you provided is lige and you agree, if asked, to provide information that will verify the ation may include U.S. or state income tax forms that you filed or are
information reported on this application agencies.	he Secretary of Education has the authority to verify with the Internal Revenue Service and other federal
(username and password) and/or any other crusername and password, and/or any other cre	ated to the federal student aid programs using an FSA ID redential, you certify that you are the person identified by the edential and have not disclosed that username and password, you purposely give false or misleading information, you may
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Student's Cianature (Dequired)	Date
Student's Signature (Required)	Date
Parent's Signature (Required, if Dependent)	Date
OFFICE USE ONLY	