



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

Serving Richmond and Scotland Counties

2026-2027 Special Circumstance - Income Adjustment Request

Name: _____ Student ID: _____

Phone: _____ Email address: _____

Please check the special circumstance category that applies to your request:

- | | |
|---|--|
| <input type="checkbox"/> A. Unemployment | <input type="checkbox"/> D. Loss of Income or Benefits |
| <input type="checkbox"/> B. Separation or Divorce | <input type="checkbox"/> E. Received one-time income in 2024 |
| <input type="checkbox"/> C. Death | <input type="checkbox"/> F. Other changes in Income |

1. Provide Tax Return Transcript for 2024 and/or 2025. Request a Tax Return Transcript from the IRS at www.irs.gov, click on the "Get Your Tax Record" link, then click "Get Transcript Online" or "Get Transcript by Mail" or call 1-800-829-1040. Make sure to request the "IRS Tax Return Transcript" and not the "IRS Tax Account Transcript". If someone is married or remarried and filed separate tax returns, you must submit Tax Return Transcripts for both individuals.
2. Provide W2s for the 2024 and/or 2025 tax year for student, spouse, or parent(s).
3. Give a written reason for the request on this form in the section designated below.
4. If completing the form due to unemployment, please submit a letter on the company letterhead stating the exact date of termination and an unemployment payment history statement. This form can be obtained from the Employment Security Commission.
5. If you are requesting an income adjustment due to high medical bills, you must submit a copy of each bill paid out of pocket (not of bills that insurance has paid). This can include gas for trips to the doctor, medicine, or equipment.
6. In the case of a death, please provide a copy of the Death Certificate.

Please return this form and attach ALL required documentation to the RichmondCC Financial Aid Office. Your application cannot be reviewed until all documentation is received. In some circumstances, you may need to provide additional documentation after the review.

Please explain the special circumstances that might affect your need for student financial aid.

Certification and Signature:

If you are the student, by signing this application you certify that you:

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period.

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file.

Student's Signature

Date

Parent's Signature (Required, if Dependent)

Date

OFFICE USE ONLY