



Lower Columbia College Financial Aid Office

2023-2024 SPECIAL CIRCUMSTANCES/LOSS OF INCOME FORM

Financial Aid Office
1600 Maple St. / P.O. Box 3010
Longview, WA 98632
360-442-2390 FAX 360-442-2379

Instructions: Complete this form and attach all required documents. Be sure to sign it and have your parent sign it if you are a dependent student. Submit the form to the financial aid office in person, by US Postal mail or by faxing as soon as possible.

Use this form if you, your spouse, or your parents' 2023 or 2024 income will be at least 30% less than the 2021 income reported on your 2023-2024 FAFSA or WASFA. If your reduced income in 2023 is due to a decrease in commissions, sales, interest, dividends other types of income similar in nature, this form cannot be submitted to the Financial Aid Office until the 2023 calendar year has ended and you can provide documentation of your total income for 2023. This information will be used to recalculate your financial aid eligibility. Please note that increased financial need does not guarantee increased funding. If the recalculation does not show that you have increased financial need, we will continue to use your original 2023-2024 FAFSA or WASFA data.

Step 1: Student Information

FAO Use: _____

Form with fields: Last Name, First Name, MI, LCC ID #, Email Address

Step 2: Letter of Explanation regarding Loss of Income

FAO Use: _____

If you/your spouse and/or your father/stepfather and/or your mother/stepmother held a job during all or part of 2023 or 2024 or are not currently working, please provide the following documents:

- Letter of explanation (be sure to include your name and SID, if you have one):
1. Be specific and use dates to describe the employment status for each person affected: you and your spouse and/or your parent's (if you are a dependent student). Include whether the employment will continue for each person and/or when the employment ended for each person. If there is a reduction in employment hours but not a total loss of hours, also include the estimated number of hours the person will work per week and the current hourly pay rate.
2. Include information about all sources of income you currently have, will have, or expect to have over the next 12 months and include anticipated monthly income amounts for each source and for each person, you and your spouse and/or your parent's (if you are a dependent student).
Copy of current income documents for each person, you and your spouse, and/or your parent's (if you are dependent student) i.e. employment pay stubs, unemployment letter less than 90 days old, etc. If self-employed, provide a statement of income less business expenses for the month.

Student Name: _____

SID: _____

Step 3: Household size and Number in College

FAO Use: _____

Check one:

Dependent Student

Independent Student

A student is considered dependent if he/she was required to provide parental information on the FAFSA or WASFA.

A student is considered independent if he/she was not required to provide parental information on the FAFSA or WASFA.

List the people in your parent(s)' household including:

List the people in your household including:

- yourself and your parent(s) (including a stepparent) even if you don't live with your parents and
- your parent's other children, even if they do not live with your parent(s), if your parents will provide more than half of their support from July 1, 2023-June 30, 2024, or the children would be required to provide parental information if they were applying for Federal Student Aid, and
- other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2023-June 30, 2024.

- yourself and your spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2023-June 30, 2024, even if they do not live with you, or if the child would be required to provide your information as the parent if they were applying for Federal Student Aid, and
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2023-June 30, 2024.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2023 and June 30, 2024, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

| Full Name | Age | Relationship | College | Will be Enrolled at least Half Time (Yes or No) |
|-----------|-----|---------------------|-------------------------------|---|
| | | <i>Self/Student</i> | <i>Lower Columbia College</i> | |
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| | | | | |

Student Name: _____

SID: _____

Step 4: Exempt Income Information

FAO Use: _____

Student/Spouse and Parent/Stepparent Income (All students must complete this section). Answer "0" if a source of income does not apply to you.

| Student/Spouse | Report Expected Annual Amounts for the next 12 months | Parent(s)/Step-Parent |
|----------------|--|-----------------------|
| Annual Amount | Exempt Income: | Annual Amount |
| \$ | Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household. | \$ |
| \$ | Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. | \$ |
| \$ | Taxable college grant and scholarship aid and will be reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. | \$ |
| \$ | Combat pay or special combat pay. Only enter the amount that is taxable and will be included in your adjusted gross income. Don't include untaxed combat pay. | \$ |
| \$ | Earnings from work under a cooperative education program offered by a college. | \$ |

Step 5: Untaxed Income Information

FAO Use: _____

Student/Spouse and Parent/Stepparent Income (All students must complete this section). Answer "0" if a source of income does not apply to you.

| Student/Spouse | Report Expected Annual Amounts for the next 12 months | Parent(s)/Step-Parent |
|----------------|---|-----------------------|
| | Untaxed Income: | |
| \$ | Payments you will make to a tax-deferred pension or retirement savings plans (paid directly or withheld from earnings), including, but not limited to amounts reported on the W-2 forms in Boxes 12a through 12d codes D, E, F, G, H, and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits). | \$ |
| \$ | IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans. | \$ |
| \$ | Child support received for any of your children. Don't include foster care or adoption payments. | \$ |
| \$ | Tax exempt interest you expect to receive from a savings account. | \$ |
| \$ | Untaxed portion of IRA distribution, if you will take a distribution from an IRA account. Don't include a rollover. | \$ |
| \$ | Untaxed portion of a pension, if you will take a distribution from a pension. Don't include a rollover. | \$ |
| \$ | Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing. | \$ |
| \$ | Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | \$ |

Student Name: _____

SID: _____

Step 5: Untaxed Income Information (continued)

FAO Use: _____

| Student/Spouse | Report Expected Annual Amounts for the next 12 months | Parent(s)/Step-Parent |
|------------------------|--|-----------------------|
| Untaxed Income: | | |
| \$ | Other untaxed income not reported in items above, such as workers compensation, disability, etc. Also include untaxed portions of health savings accounts. Don't include extended foster care benefits student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. | \$ |
| \$ | Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement. | \$ |

Step 6: Sign This Worksheet

FAO Use: _____

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If you are a dependent student, at least one parent must sign. *Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.*

Student's Signature: _____ Date _____

Parent's Signature: _____ Date _____

Please attach your letter of explanation and all required income documents in the file attachment boxes below: