

**2023-2024 STUDENT
REVISION REQUEST**

DUE TO DECREASE IN RESOURCES OF STUDENT OR SPOUSE

Section A: STUDENT INFORMATION (please print)

Last Name	First Name	MI	ID#: _____ <small>ctcLink ID required</small>
Address (include apt # if applicable)		Date of Birth	
City	State	ZIP Code	Daytime Phone (include area code)

I certify that all information provided on this form is true and complete to the best of my knowledge. If an adjustment is granted based on estimated income, I agree to report any increase in that income to the Financial Aid office. I understand that a digital or electronic typed signature has the same legal effect, and can be enforced in the same way, as a written signature.

Student Signature _____ **Date** _____

Please note that this form is **NOT** used for requesting additional student expense consideration. That form is titled "Additional Expense Request for Students". If you are a Dependent student and wish to report changes in your **parent** circumstances, please have them fill out the **PARENT** Revision Request form.

Instructions: If you have had a change in circumstances, we may be able to use your 2022 income OR your projected resources for the 2023/2024 school year (**07/01/23-06/30/24**) instead of the actual resources from the 2021 tax year to determine your family contribution. Read and fill out each section carefully to prevent errors. Complete **ALL** sections. If you are currently married and not separated, provide BOTH your and your spouse's income information. **Where the question does not apply, or the answer is "none", enter zero.** Leaving blanks may delay the processing of your request. Questions? 509-682-6810 or financialaid@wvc.edu

In addition to this form, you need to provide a statement to support your extenuating circumstances and why you are requesting this revision. This request needs to include dates, explanations, supporting documentation and signatures. Be aware that only *ONE* Revision Request will be processed per academic year.

Section B: TYPE OF CHANGE (please check and complete all appropriate selections)

PERMANENT CHANGE IN STUDENT MARITAL STATUS, since FAFSA/WASFA was filled out. I am requesting to exclude spouse income/information.

1. Type of marital status change: ___ widowed ___ separated ___ divorced
2. Date of marital status change: _____ Spouse Name: _____
3. Spouse is a WVC student Yes No If yes, list Spouse ctcLink ID# _____

DECREASE IN STUDENT AND/OR SPOUSE EARNED INCOME

1. Date of income change: _____ Decrease is for ___ Student ___ Spouse (complete Spouse info above)
2. Income change is due to: ___ Loss of Job ___ Reduced hours ___ Job Change ___ Retired ___ Loss of Unemployment Benefits ___ Other (explain: _____)

You can include any additional info related to above changes here (or attach additional statement as needed):

OTHER CIRCUMSTANCES: **Attach a separate signed letter** explaining how your ability to contribute has been affected. Include what adjustments you are requesting and why, as well as any supporting documentation.

MUST COMPLETE SECTION C & D

Section C: NON-TAXABLE INCOME/ASSISTANCE ****REQUIRED section - if none apply, check last option.**

Count Student, spouse, and dependents only in household. **NOTE: DO NOT PUT AMOUNTS. THE AMOUNTS ARE NOT COUNTED AGAINST YOUR FINANCIAL AID CALCULATIONS.**

During the 2023-2024 school year, my **SPOUSE** **CHILD** will be attending college and receiving Financial Aid (loans, grants, work study, and/or scholarships) which will be used to pay for living expenses. **Name of spouse/child attending college** _____ **College Name:** _____

My household (student/spouse/dependents only) is currently receiving and will continue receiving one or more of the following to pay for living expenses (rent, utilities, food, transportation, etc.) during 2023-2024. (Check all appropriate items):

<input type="checkbox"/> DSHS/Welfare	<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Supplemental Security Income (SSI Disability)
<input type="checkbox"/> Social Security (UNTAXED/not included on Tax Return)		<input type="checkbox"/> Social Security Disability Insurance (SSDI)	
<input type="checkbox"/> BAH/Military Housing	<input type="checkbox"/> Combat Pay	<input type="checkbox"/> Other State or Federal Assistance _____	

None of the above applies.

Section D: Check one option and follow directions. Do NOT include Covid Stimulus or CARES funding:

Option 1: My 2022 income reflects my current circumstances. Please use my 2022 tax return for my 2023/2024 financial aid information. I am attaching a tax transcript or a SIGNED copy my 2022 taxes (including all W2s) and listing all 2022 untaxed income here:

Child Support received in 2022: \$ _____

Total other untaxed income received in 2022 \$ _____ (See Category 2 below, list sources)

Option 2: Please use my Projected year income for my 2023/2024 financial aid information. **If choosing this option, complete all items below, both categories. Where the answer is "none", enter "0". Leaving blanks may delay processing of your request. Attach copies of supporting documents (example: YTD pay stubs, Unemployment stubs, SSI/L&I benefit letters).

Instructions: Complete BOTH "ACTUAL" and "ESTIMATED" columns. Use whole dollar amounts, no cents. Note: "Today" & "Tomorrow's date" will depend on date you fill out the form. "Actual" refers to funds you HAVE received. "Estimated" should be what you EXPECT to receive.	ACTUAL Totals: July 1, 2023 through Today	ESTIMATED Totals: Tomorrow through June 30, 2024	THIS COLUMN IS FOR FAID OFFICE USE ONLY
Category 1 - Taxable Income:			
Student's gross income from work: (Do not include work-study.)	\$	\$	\$
Spouse's gross income from work: (Do not include work study.)	\$	\$	\$
***Unemployment Benefits - Student	\$	\$	\$
***Unemployment Benefits - Spouse	\$	\$	\$
Other taxable income – total for student/spouse: (interest, dividends, rental income, alimony, capital gains etc.) Source: _____	\$	\$	\$
Category 2 - Non-taxable Income:	Total AGI: \$		
Child support received:	\$	\$	\$
All other untaxed income and benefits NOT listed in Section C: (example: DVR, workers compensation/L & I, Veterans non-education benefits, disability income other than SSI/SSDI, etc.) list source below: _____	\$	\$	\$

For Office Use Only: ___ Approve ___ Deny Initials: _____ Process date: _____ Professional Judgment used due to: ___ Projected income better reflects circumstances. ___ Expenses affect ability to contribute ___ other: _____	For Office Use Only Prior TR/EFC ___/_____ New TR/EFC ___/_____
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