Lander University Financial Aid Office

320 Stanley Avenue, Greenwood, SC 29649
Email: finaid@lander.edu • Web: www.lander.edu/finaid
Phone: (864) 388-8340 • Fax: (864) 388-8811

23PCAR

2022-2023 Parent Contribution Adjustment Request

Complete this form if you feel your family has special circumstances that should be considered with your application for financial aid. All sections below must be completed and the form must be signed in order for the request to be reviewed. **If you have a special circumstance that you feel warrants a review but that is not listed below, please speak with a counselor in the Financial Aid Office for additional instructions.**

_____

Student's Last Name **First Name** **MI** **Lander ID (L#)**

_____

Parent's Name

Circumstances and documentation:

Your request for an adjustment **must be accompanied** by the following:

- ☐ You must have submitted your 2022-2023 Free Application for Federal Student Aid (FAFSA) at https://studentaid.gov/h/apply-for-aid/fafsa
- ☐ A detailed letter explaining the circumstance(s) surrounding the request; **AND**
- ☐ 2022-2023 Number in Household and Number in College worksheet, if not already submitted (copy available at the end of this document or at www.lander.edu/finaid/forms); **AND**
- ☐ Parents' Signed 2020 Federal Tax Return(s) and all schedules; **OR** the 2020 IRS Tax Transcript available at www.irs.gov
- ☐ Student's Signed 2020 Federal Tax Return and all schedules; **OR** the 2020 IRS Tax Transcript available at www.irs.gov
- ☐ Parents' Signed 2021 Federal Tax Return(s) and all schedules
- ☐ Appropriate documentation from the chart below:

Circle one	Circle one	Circumstance	Documentation Needed
1		Parents have become separated or divorced since applying for aid	▪ Copy of divorce decree or legal separation agreement. Contact the Financial Aid Office if you do not have one of these documents
2		Parent, whose income was included on the application, has died	▪ Copy of death certificate or obituary
3	2021 tax year 2022 tax year	Parent, whose income was included on the application, has experienced a **loss of employment** resulting in a significant decrease in income compared to the 2020 tax year (January 1-December 31). Date Change Occurred:_____/_____/_____	▪ Letter from employer documenting last day of employment ▪ Copy of last pay stub ▪ Documentation of severance pay, vacation pay, unemployment, retirement or disability benefits to be received for 2021 or 2022, if applicable ▪ Statement from Employment Security Commission confirming unemployment eligibility ▪ Projected 2021 or 2022 Income Statement
4	2021 tax year 2022 tax year	Parent, whose income was included on the application, has experienced a **change in employment** resulting in a significant decrease in income compared to the 2020 tax year (January 1-December 31) Date Change Occurred:_____/_____/_____	▪ Letter from employer documenting change in employment ▪ Copy of last pay stub from prior job ▪ Copy of last 3 pay stubs from new job ▪ Statement from Employment Security Commission confirming unemployment eligibility ▪ Projected 2021 or 2022 Income Statement
5		Parent received unemployment compensation or some type of untaxed income or benefit (i.e. child support) in the last calendar year but has completely lost this income or benefit. The untaxed income or benefit must be from a public or private agency, a company, or because of a court order	▪ Letter from the benefit agency documenting that benefit has ceased
6		Parent received a one-time lump sum distribution.	▪ Documentation of type, source, and date of lump-sum distribution
7		The family has paid unusual medical, dental, or nursing home expenses, not covered by insurance	▪ Medical bills or account statements showing medical expenses paid (**OR** 2020 Schedule A showing medical expenses). Expenses covered by insurance will not be considered
8		Parents' taxable income increased due to a fund transfer from a regular IRA account to a Roth IRA account.	▪ Documentation that funds were transferred from a regular IRA to a Roth IRA
9		Parent(s) paid elementary and/or secondary school tuition for dependents.	▪ Receipt from school documenting amount of tuition paid for 2020 or 2021
10		Parent(s) paid dependent care expenses not covered by another source	▪ Receipt documenting amount and type of expenses paid for 2020 or 2021

Projected Income Statement **Circle One: 2021 2022**

1. Identify the reason (from front of this sheet) that a review is requested: _____

2. Identify any taxable income the parent(s) expect to receive January 1 through December 31:

A. Wages, Salaries, Tips: Father $_____ Mother $_____
(Use worksheet below)

Worksheet for Estimating Wages, Salaries, Tips for the Parent Experiencing Loss of or Change in Employment	
1. What are the year-to-date earnings on your final 2021 or 2022 pay stub for former position? (Please attach copy of pay stub.) Last date of employment: / /	$
2. What is the amount you are receiving per month for your new position, if now employed? Please include a copy of your last 2 pay stubs documenting your monthly salary Start date for new position, if applicable: / /	$
3. Number of Months you will receive this income between January 1 and December 31.	
4. Total anticipated earnings from new position (Item #2 multiplied by Item #3)	$
5. Total Anticipated Income for 2021 or 2022 (include in Box A. on Projected Year Income Statement)	$

B. Taxable portion: Pensions and/or Annuities: $_____

C. Interest/Dividend Income: $_____

D. Rental Income, Alimony, or Other Income $_____

3. Identify any untaxed Income the parent(s) expects to receive January 1 through December 31:

A. VA Non-Educational Benefits $_____

B. Unemployment or Welfare/AFDC Benefits $_____

C. Child Support $_____

D. Untaxed portion: Pensions and/or Annuities: $_____

E. Military or Clergy Housing/Food Allowance $_____

F. Any Other Untaxed Income: $_____

I declare that the information reported on this document is true and accurate, and I understand that the Financial Aid Office reserves the right to deny a possible adjustment when sound documentation is not provided. I understand that Lander University may verify all estimates of income at year end. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in a financial aid over award.

_____

Student's Signature (*Required, digital signature not accepted*) **Phone #** **Date**

_____

Parent's Signature (*Required, digital signature not accepted*) **Phone #** **Date**

DATA ENTRY		**Financial Aid Office Use Only (COUNSELOR REVIEW)**	
RRAAREQ	xxPCAR = N Insert CNSLV = N PJPTAX, if applicable PJPW2, if applicable PJSTAX, if applicable PJSW2, if applicable PJNLU, if applicable	Review PCAR instructions for all required docs. If not collected, note why.	
		FAO Counselor/Committee Decision (circle)	Approved Denied
		Verification Completed and RNAVRxx updated (Note on Verf Review Wksht adjustments and attach PCAR)	
		RNANAxx/Information Release tab – PJ Used = YES	
		Recalc Need, update ROAUSDF efc and trans #, update RPAAWRD aid and recalc Pell; clear overwards for COA and/or need; forward to Loan Counselor for loan adj	
Initials/date		RRAAREQ – xxPCAR + add CORRP for correction. If IRS DRT= T, set to S if changing tax return data and note trans#	
Fwd to Counselor date		RHACOMM	
		Add to Excel for PJs and mail merge appropriate ltr based on whether ISIR rec'd or paper FAFSA coded	
		CNSLR Initials and date	

23NHHC

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2022-2023 Number in Household and Number in College

Student's Last Name **First** **MI** **Lander ID (L#)**

Your application for federal aid was selected for a review process called "verification." Please complete the information below.

Instructions for whom to include in "Name of Household Members":

☐ **If you were required to provide your parent's information on the FAFSA (most LU students are), include:**

- Yourself and your parent(s) (must include stepparent) **NOTE:** To determine who is considered a parent for purposes of this form, refer to http://studentaid.ed.gov/fafsa/filling-out. **Grandparents, foster parents, legal guardians or those with legal custody are NOT considered parents (unless they legally adopted you) for FAFSA purposes and their information cannot be used.**
- Your parent's other children if:
  - (a) your parents will provide **more than half of their support from 7-1-2022 through 6-30-2023 OR**
  - (b) the children **could answer "NO" to every dependency status question on the FAFSA**
- 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 7-1-2022 through 6-30-2023**. Additional documentation may be required.

☐ **If you were NOT required to provide your parent's information on the FAFSA, include:**

- Yourself and your spouse (if married),
- Your children, if you will provide **more than half of their support from 7-1-2022 through 6-30-2023**,
- 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 7-1-2022 through 6-30-2023**. Additional documentation may be required.

(Check here ___ if more than 6 in the household and list additional family members on the back)

By signing this worksheet, I/We certify that all of the information reported is complete and accurate.

Number in Household			**Full name of college if household member is, or will be, enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2022 and June 30, 2023. Parents of a dependent student aren't included.**
Full Name	**Age**	**Relationship**	**List Name of College**
		Self	*Lander University*

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature (*Required, digital signature not accepted)* **Phone #** **Date**

Parent's Signature (*Required, digital signature not accepted)* **Phone #** **Date**

DATA ENTRY	Financial Aid Office Use Only	COUNSELOR REVIEW	
RRAAREQ	xxNHHC = N - Pending Review Insert CNSLV = N – Pending Review	Complete Verf Review form	
Initials/date		CNSLR Initials/date	
Fwd to Counselor date			