



Lander University Financial Aid Office

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25PCAR

2024-2025 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 2024-2025 Free Application for Federal Student Aid (FAFSA) at [2024-25 FAFSA](#)
- A detailed letter explaining the circumstance(s) surrounding the request; **AND**
- 2024-2025 Verification of Family Size worksheet, if not already submitted (available at [Verification of Family Size](#)); **AND**
- Parents' Signed 2022 Federal Tax Return(s) and all schedules; **OR** the 2022 IRS Tax Transcript available at www.irs.gov
- Student's Signed 2022 Federal Tax Return and all schedules; **OR** the 2022 IRS Tax Transcript available at www.irs.gov
- Parents' Signed 2023 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	<ul style="list-style-type: none"> ▪ Copy of divorce decree or legal separation agreement. ▪ Signed copy of parent's 2022 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s) ▪ Signed copy of parent's 2023 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s) <p>Contact the Financial Aid Office if you do not have one of these documents</p>
2		Parent, whose income was included on the application, has died	<ul style="list-style-type: none"> ▪ Copy of death certificate or obituary ▪ Signed copy of parent's 2022 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s) ▪ Signed copy of parent's 2023 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s)
3	2024 tax year 2025 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 2022 tax year (January 1-December 31). Date Change Occurred: _____ / _____ / _____	<ul style="list-style-type: none"> ▪ 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 2024 or 2025, if applicable ▪ Statement from Employment Security Commission confirming unemployment eligibility. ▪ Copy of last 3 pay stubs for parent's spouse or partner, if applicable ▪ Projected 2024- or 2025-Income Statement
4	2024 tax year 2025 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 2022 tax year (January 1-December 31) Date Change Occurred: _____ / _____ / _____	<ul style="list-style-type: none"> ▪ 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. ▪ Copy of last 3 pay stubs for parent's spouse or partner, if applicable ▪ Projected 2024- or 2025-Income Statement
5		Parent or spouse/partner received unemployment compensation or some type of untaxed income or benefit 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	<ul style="list-style-type: none"> ▪ Letter from the benefit agency documenting that benefit has ceased
6		Parent received a one-time lump sum distribution.	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Medical bills or account statements showing medical expenses paid (OR 2022 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.	<ul style="list-style-type: none"> ▪ Documentation that funds were transferred from a regular IRA to a Roth IRA
9		Family member did not receive Earned Income Credit, Federal housing assistance, Free or reduced-price school lunch, and/or Medicaid in 2022 or 2023 but is receiving the assistance now.	<ul style="list-style-type: none"> ▪ Documentation of type, source, and date assistance was received.
10		Parent(s) paid dependent care expenses not covered by another source	<ul style="list-style-type: none"> ▪ Receipt documenting amount and type of expenses paid for 2022 or 2023
11		Parent(s) paid elementary and/or secondary school tuition for dependents.	<ul style="list-style-type: none"> ▪ Receipt from school documenting amount of tuition paid for 2022 or 2023

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 2024 or 2025 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 2024 or 2025 (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. IRA Deductions and payments to self-employed SEP, SIMPLE, and qualified plans \$ _____

B. Tax-exempt interest income \$ _____

C. Untaxed portion of pensions (excluding rollovers) \$ _____

D. Untaxed portion of individual retirement account distributions (excluding Rollovers) \$ _____

E. The foreign earned income exclusion: \$ _____

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	Review PCAR instructions for all required docs. If not collected, note why. NOTE: You ONLY must complete verification first if selected for verification.	
		FAO Counselor/Committee Decision (circle)	Approved Denied
	PJPTAX, if applicable PJPW2, if applicable PJSTAX, if applicable PJSW2, if applicable PJNLU, if applicable	Verification Completed and RNAVRxx updated (Note on Verf Review Wksht adjustments and attach PCAR)	
		RNANAxx/Information Release tab – PJ Used = YES	
Initials/date		Recalc Need, update ROAUSDF etc and trans #, update RPAAWRD aid and recal Pel; clear overwards for COA and/or need; forward to Loan Counselor for loan adj	
Fwd to Counselor date		RRAAREQ – xxPCAR + add CORRP for correction. If IRS DRT= T, set to S if changing tax return data and note trans#	
		RHACOMM	
IPA: 30% food; 22% housing, 9% transportation expenses, 16% personal care, 11% medical care, and 12% other family consumption		Add to Excel for PJs and mail merge appropriate ltr based on whether ISIR rec'd or paper FAFSA coded	
		CNSLR Initials and date	