



## **Lander University Financial Aid Office**

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

## 2021-2022 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 documen	ation:		
Your request for an adjustment mu	st be accompanied by the following	<u>ng:</u>	
☐You must have submitted your	2021-2022 Free Application for Fe	ederal Student Aid (FAFSA)	at https://studentaid.gov/h/apply-for-
aid/fafsa			
□A detailed letter explaining the	circumstance(s) surrounding the re	equest; AND	
☐2021-2022 Number in Househ	old and Number in College worksh	eet, if not already submitted	(copy available at the end of this document
or at			

Circle one	Circle one	Circumstance	Documentation Needed
1	One	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	2020 tax year 2021 tax year	Parent, whose income was included on the application, has experienced a <b>loss of employment</b> resulting in a significant decrease in income compared to the 2019 tax year (January 1-December 31).  Date Change Occurred://	<ul> <li>Letter from employer documenting last day of employment</li> <li>Copy of last pay stub</li> <li>Documentation of severance pay, vacation pay, unemployment, retirement or disability benefits to be received for 2020 or 2021, if applicable</li> <li>Statement from Employment Security Commission confirming unemployment eligibility</li> <li>Projected 2020 or 2021 Income Statement</li> </ul>
4	2020 tax year 2021 tax year	Parent, whose income was included on the application, has experienced a <b>change in employment</b> resulting in a significant decrease in income compared to the 2019 tax year (January 1-December 31)  Date Change Occurred://	<ul> <li>Letter from employer documenting change in employment</li> <li>Copy of last pay stub from prior job</li> <li>Copy of last 3 pay stubs from new job</li> <li>Statement from Employment Security Commission confirming unemployment eligibility</li> <li>Projected 2020 or 2021 Income Statement</li> </ul>
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	<ul> <li>Medical bills or account statements showing medical expenses paid (OR 2019 Schedule A showing medical expenses). Expenses covered by insurance will not be considered</li> </ul>
8		Parents' taxable income increased due to a fund transfer from a regular IRA account to a Roth IRA account.	<ul> <li>Documentation that funds were transferred from a regular IRA to a Roth IRA</li> </ul>
9		Parent(s) paid elementary and/or secondary school tuition for dependents.	<ul> <li>Receipt from school documenting amount of tuition paid for 2019 or 2020</li> </ul>
10		Parent(s) paid dependent care expenses not covered by another source	<ul> <li>Receipt documenting amount and type of expenses paid for 2019 or 2020</li> </ul>

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 2020 or 2021 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 2020 or 2021 \$ (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** 

2021

**Projected Income Statement** 

Circle One:

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.		
Initials/date		FAO Counselor/Committee Decision (circle)	Approved	Denied
Fwd to Counselor date		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		
		RRAAREQ – xxPCAR + add CORRP for correction		
		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		

Lander ID (L#)



Student's Last Name

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## 2021-2022 Number in Household and Number in College

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

First

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

МІ

Yourself and your panhttp://studentaid.ed.gconsidered parents Your parent's other clook (a) your parent (b) the childre Other people if they provide more than  If you were NOT requi Yourself and your specified your children, if you other people if they half of their support	rent(s) (must include ov/fafsa/filling-out. G (unless they legall hildren if: nts will provide more on could answer "N or now live with you half of their supported to provide youse (if married), will provide more they now live with you tr from 7-1-2021 the ere if more they now live with your treatment of the more they now live with your	e stepparei Grandpare y adopted e than half O" to eve r parents ort from 7- our parer han half o and you p rough 6-3	nt) NOTE: To do nts, foster para I you) for FAFS i of their support y dependency and your parent 1-2021 through nt's informati f their support provide more the 0-2022. Addition	the FAFSA (most LU students a etermine who is considered a parent for ents, legal guardians or those with legal parent and their information can out from 7-1-2021 through 6-30-2022 Of status question on the FAFSA is provide more than half of their supple 6-30-2022. Additional documentation on the FAFSA, include:  from 7-1-2021 through 6-30-2022, and half of their support, and will contain and documentation may be required.	purposes of this form, refer to gal custody are NOT nnot be used.  R  Fort, and will continue to may be required.  Itinue to provide more than ers on the back)	
By signing this worksheet	t, I/We certify tha	at all of t	he information	on reported is complete and acc		
Number in Household				Full name of college if household member is, or will be, enrolled <u>at least half-time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2021, and June 30, 2022. Parents of a dependent student aren't included.		
Full Name		Age	Relationship	List Name of	ist Name of College	
			Self	Lander Univ	ersity	
Warning: If you purposely give	false or misleading	informatio	l on on this works	heet, you may be fined, be sentenced to	jail, or both.	
Student's Signature (Required	d, digital signature n	ot accepte	d) Phon	e # Date		
Parent's Signature (Required,	digital signature not	t accepted,	) Phon	e # Date		
DATA ENTRY	Financial Aid Of	ffice Use O	nly	COUNSELOR REVIEW		
RRAAREQ	xxNHHC = N - P	ending Revi	ew Complete	e Verf Review form		
Initials/date	Insert CNSLV = N -	- Pending R	eview ·	nitials/date		
				****		