



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

2023-2024 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	tation:		
Your request for an adjustment mu	st be accompanied by the following	<u>ng:</u>	
☐You must have submitted your aid/fafsa	2023-2024 Free Application for Fe	ederal Student Aid (FAFSA)	at https://studentaid.gov/h/apply-for-
☐A detailed letter explaining the	circumstance(s) surrounding the re	equest; AND	
☐2023-2024 Number in Househ or at www.lander.edu/finaid/for	g -	eet, if not already submitted	(copy available at the end of this document
□Parents' Signed 2021 Federal	Tax Return(s) and all schedules; O	R the 2021 IRS Tax Transo	cript available at www.irs.gov
□Student's Signed 2021 Federa □Parents' Signed 2022 Federal □Appropriate documentation fro	· ,	the 2021 IRS Tax Transcri	pt available at <u>www.irs.gov</u>

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	2023 tax year 2024 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 2021 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 2023 or 2024, if applicable Statement from Employment Security Commission confirming unemployment eligibility Projected 2023 or 2024 Income Statement
4	2023 tax year 2024 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 2021 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 2023 or 2024 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 2021 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 2021 or 2022
10		Parent(s) paid dependent care expenses not covered by another source	 Receipt documenting amount and type of expenses paid for 2021 or 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: Father \$ Mother \$ A. Wages, Salaries, Tips: (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 2023 or 2024 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 2023 or 2024 \$ (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**

2024

Projected Income Statement

Circle One:

DATA ENTRY		Financial Aid Office Use Only (COUNSELOR REVIEW)		
	xxPCAR = N	Review PCAR instructions for all required docs. If not collected, note why.		
RRAAREQ	Insert CNSLV = N PJPTAX, if applicable PJPW2, if applicable PJSTAX, if applicable PJSW2, if applicable PJNLU, if applicable	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		

Lander ID (L#)



Student's Last Name

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2023-2024 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.

ΜI

First

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

Yourself and your par http://studentaid.ed.gr considered parents Your parent's other cl	rent(s) (must include by/fafsa/filling-out. Concless they legall mildren if: the will provide more in could answer "Nor now live with you half of their supported to provide youse (if married), will provide more they now live with you the from 7-1-2023 the proper if more they now live with your	e stepparen Grandparen ly adopted e than half IO" to ever ir parents a ort from 7-1 our paren han half of i and you p rough 6-30	nt) NOTE: To det nts, foster parel I you) for FAFSA f of their suppor ry dependency: and your parents 1-2023 through nt's informatio f their support forovide more that 0-2024. Addition	the FAFSA (most LU students a ermine who is considered a parent for nts, legal guardians or those with lead purposes and their information can the from 7-1-2023 through 6-30-2024 (status question on the FAFSA provide more than half of their suppersonance of the from 7-1-2024. Additional documentation on the FAFSA, include: Trom 7-1-2023 through 6-30-2024, and half of their support, and will contain all documentation may be required. The first additional family members of the from th	purposes of this form, refer to gal custody are NOT nnot be used. OR Coort, and will continue to may be required. Itinue to provide more than overs on the back)
Nur	nber in Household			enrolled <u>at least half-time</u> in a deg program at an eligible postsecond any time between July 1, 2023 and a dependent student aren't include	gree, diploma, or certificate dary educational institution d June 30, 2024. Parents of
Full Name		Age	Relationship	Relationship List Name of College	
			Self	Lander Univ	versity
Warning: If you purposely give	false or misleading	information	n on this worksh	eet, you may be fined, be sentenced to	o jail, or both.
Student's Signature (Required	l, digital signature n	ot accepted	d) Phone	# Date)
Parent's Signature (Required,	digital signature not	t accepted)) Phone	# Date)
DATA ENTRY	Financial Aid Of	ffice Use Or	nly	COUNSELOR REVIEW	
RRAAREQ	xxNHHC = N - P			Verf Review form	
Initials/date		. onang re	CNSLR Ini	tials/date	
Fwd to Counselor date					