

2024-2025 PARENT REVISION REQUEST

*****FOR DEPENDENT STUDENTS ONLY***
DUE TO DECREASE IN RESOURCES OF PARENT OR STEPPARENT**

Section A: STUDENT INFORMATION (please print)

| | | | | |
|---------------------------------------|------------|---------------|-----------------------------------|---------------------|
| Last Name | First Name | MI | ID#: | ctcLink ID required |
| 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** _____

Instructions: The remainder of this worksheet should be completed and signed by your parent. We may be able to use your parent's 2023 income OR your parent's income from the last 6 months (the other six months will be estimated based on the information received) to determine your Student Aid Index (SAI) for the 2024-2025 academic year.

Read and fill out each section carefully to prevent errors. Complete **ALL** sections. If the parent is currently married and not separated, provide BOTH parents 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 PARENTS MARITAL STATUS, since FAFSA/WASFA was filled out. We request to exclude the income of Father Mother from parent contribution.

1. Type of marital status change: widowed separated divorced
2. Date of marital status change: _____ Spouse Name: _____

NOTE: If parent divorced and remarried after filling out the FAFSA, you will need to report the stepparent's information here and on future financial aid applications.

DECREASE IN PARENT/STEPPARENT EARNED INCOME

1. Date of income change: _____ Name of Parent with income change: _____
2. Income change is due to: Loss of Job Reduced hours Job Change Retired Loss of Unemployment Benefits Other explain: _____

| | |
|---|--|
| 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 ___/_____ _____ |
|---|--|

PARENT MUST COMPLETE SECTION C & D

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

During the 2024-2025 school year, PARENT(S) 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:** _____

Someone in our household is now receiving and will continue receiving one or more of the following to pay for living expenses (rent, utilities, food, transportation, etc.) during 2024-2025. (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 _____ | |

Section D: Check one option and follow directions.

Option 1: Parent 2023 income reflects my current circumstances. Please use 2023 tax return for my 2024/2025 financial aid information. I am attaching a tax transcript or a SIGNED copy of 2023 taxes (including all W2s) and listing all 2023 untaxed income here:

Child Support received in 2023: \$ _____

Total other untaxed income received in 2023 \$ _____ (See Category 2 below, list sources)

Option 2: Please use my income for the last 6 months to recalculate the Student Aid Index (SAI) for the 2024/2025 academic year. **If choosing this option, complete all items below. Where the answer is "none", enter "0". Attach copies of supporting documents (example: YTD pay stubs, Unemployment stubs, SSI/L&I benefit letters).

| Instructions: Complete Only First Column. Use whole dollar amounts, no centes. Parent MUST sign and date this form at the bottom of this page. | Income from the last 6 months until today | Six months estimation FAID OFFICE USE ONLY | THIS COLUMN IS FOR FAID OFFICE USE ONLY |
|--|--|---|--|
| Category 1 - Taxable Income: | | | TOTAL |
| Father's gross income from work : (Do not include work-study.) | \$ | \$ | \$ |
| Mother's gross income from work : (Do not include work study.) | \$ | \$ | \$ |
| ***Unemployment Benefits - Father | \$ | \$ | \$ |
| ***Unemployment Benefits - Mother | \$ | \$ | \$ |
| Other taxable income – total for student/spouse: (interest, dividends, rental income, alimony, capital gains etc.) Source: _____ | \$ | \$ | \$ |
| Category 2 - Non-taxable Income: (not included in AGI) | Taxable Income Subtotal: \$ | | |
| 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: _____ | \$ | \$ | \$ |
| Category 3 – Unusual Expenses: | | | |
| Child support paid for children not in the household, listed below (list add'l on separate sheet) | | | |
| Paid to: | For: (Child's Name) | Age: | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Medical and/or dental expenses not paid by insurance: | \$ | \$ | \$ |
| Parent's OWN College Expenses NOT covered by financial aid | \$ | \$ | \$ |
| K-13 tuition paid for Dependent children listed below* (DON'T incl. applicant) | \$ | \$ | \$ |
| Name: | Age: | School: | FAID STAFF NOTES: Subtotal: \$ |
| | | | |
| | | | Total AGI: \$ |

PARENT MUST CONFIRM THIS STATEMENT BY SIGNING BELOW: 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 Office of Student Financial Aid.

Parent/Stepparent Signature _____ Date _____

This page is for information purposes only. It is not required to be submitted with your form.

Wenatchee Valley College Non-discrimination Statement
Non-discrimination Statement

Wenatchee Valley College is committed to a policy of equal opportunity in employment and student enrollment. All programs are free from discrimination and harassment against any person because of race, creed, color, national or ethnic origin, sex, sexual orientation, gender identity or expression, the presence of any sensory, mental, or physical disability, or the use of a service animal by a person with a disability, age, parental status or families with children, marital status, religion, genetic information, honorably discharged veteran or military status or any other prohibited basis per RCW 49.60.030, 040 and other federal and laws and regulations, or participation in the complaint process.

The following persons have been designated to handle inquiries regarding the non-discrimination policies and Title IX compliance for both the Wenatchee and Omak campuses:

- *To report discrimination or harassment: Title IX Coordinator, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.*
- *To request disability accommodations: Student Access Coordinator, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: dial 711, sas@wvc.edu.*

Wenatchee Valley College Declaraciones de no discriminación
Declaración de no discriminación

Wenatchee Valley College está comprometido a una política de igualdad de oportunidades en el empleo y la matriculación de estudiantes. Todos los programas están libres de discriminación y acoso contra cualquier persona debido a raza, credo, color, origen nacional o étnico, sexo, orientación sexual, identidad o expresión de género, la presencia de cualquier discapacidad sensorial, mental o física, o el uso de un animal de servicio por una persona con discapacidad, edad, estatus o familias con niños, estado civil, religión, información genética, veterano descargado honorablemente o estatus militar o cualquier otra base prohibida por el RCW 49.60.030, 040 y otras leyes y reglamentos federales, o participación en el proceso de queja.

Las siguientes personas han sido designadas para atender consultas sobre las políticas de no discriminación y el cumplimiento del Título IX para los campus de Wenatchee y Omak:

- *Para denunciar discriminación o acoso: Coordinador del Título IX, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.*
- *Para solicitar adaptaciones para discapacitados: Coordinador de acceso estudiantil, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: marque 711, sas@wvc.edu*