

## 2025-2026 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 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 2025-2026 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**
- ☐ 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"> <li>Copy of divorce decree or legal separation agreement.</li> <li>Signed copy of parent's 2023 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s)</li> <li>Signed copy of parent's 2024 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s)</li> <li>Contact the Financial Aid Office if you do not have one of these documents</li> </ul>
2		Parent, whose income was included on the application, has died	<ul style="list-style-type: none"> <li>Copy of death certificate or obituary</li> <li>Signed copy of parent's 2023 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s)</li> <li>Signed copy of parent's 2024 Federal Income Tax Return, all Schedules, W-2(s) and 1099(s)</li> </ul>
3	<b>2025 tax year</b>  <b>2026 tax year</b>	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 2023 tax year (January 1-December 31).  Date Change Occurred: ____/____/____	<ul style="list-style-type: none"> <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 2025 or 2026, if applicable</li> <li>Statement from Employment Security Commission confirming unemployment eligibility.</li> <li>Copy of last 3 pay stubs for parent's spouse or partner, if applicable</li> <li>Projected 2025- or 2026-Income Statement</li> </ul>
4	<b>2025 tax year</b>  <b>2026 tax year</b>	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 2023 tax year (January 1-December 31).  Date Change Occurred: ____/____/____	<ul style="list-style-type: none"> <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>Copy of last 3 pay stubs for parent's spouse or partner, if applicable</li> <li>Projected 2025- or 2026-Income Statement</li> </ul>
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"> <li>Letter from the benefit agency documenting that benefit has ceased</li> </ul>
6		Parent received a one-time lump sum distribution.	<ul style="list-style-type: none"> <li>Documentation of type, source, and date of lump-sum distribution</li> </ul>
7		The family has paid unusual medical, dental, or nursing home expenses, not covered by insurance	<ul style="list-style-type: none"> <li>Medical bills or account statements showing medical expenses paid (OR 2023 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 style="list-style-type: none"> <li>Documentation that funds were transferred from a regular IRA to a Roth IRA</li> </ul>
9		Family member did not receive any of the following in 2023 or 2024 but is receiving the assistance now: Earned Income Credit, Federal housing assistance, Free or reduced-price school lunch, Medicaid, Refundable credit for coverage under a qualified health plan, SNAP, SSI, TANF and/or WIC.	<ul style="list-style-type: none"> <li>Documentation of type, source, and date assistance was received.</li> </ul>
10		Parent(s) paid dependent care expenses not covered by another source	<ul style="list-style-type: none"> <li>Receipt documenting amount and type of expenses paid for 2023 or 2024</li> </ul>
11		Parent(s) paid elementary and/or secondary school tuition for dependents.	<ul style="list-style-type: none"> <li>Receipt from school documenting amount of tuition paid for 2023 or 2024</li> </ul>

**Projected Income Statement**

Circle One: 2025 2026

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 (Use Worksheet Below): Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_

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 2025 or 2026 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 2025 or 2026 (include in Box A. on Projected Year Income Statement)	\$ _____

B. Taxable portion: Pensions, Annuities and/or Social Security: \$ \_\_\_\_\_

C. Interest/Dividend Income/Capital Gains: \$ \_\_\_\_\_

D. Rental Income, Alimony, or Business Income: \$ \_\_\_\_\_

E. Other Taxable Income (reference 1040): \$ \_\_\_\_\_

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

A. Tax Exempt Interest Income: \$ \_\_\_\_\_

B. IRA Deductions & Payments to Self-Employed  
SEP/Simple/Qualified Plans: \$ \_\_\_\_\_

C. Untaxed portion: Pensions and/or Annuities (excluding rollover): \$ \_\_\_\_\_

D. Foreign Income Exclusion: \$ \_\_\_\_\_

E. Annual Child Support Received for all children: \$ \_\_\_\_\_

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. <b>NOTE: You ONLY must complete verification first if selected for verification.</b> FAO Counselor/Committee Decision (circle) Verification Completed and RNAVRxx updated (Note on Verf Review Wksht adjustments and attach PCAR) RNANAx/Information Release tab – PJ Used = YES Recalc Need, update ROAUSDF etc and trans #, update RPAAWRD aid and recalc Pell; clear overwards for COA and/or need; forward to Loan Counselor for loan adj	Approved Denied
Initials/date		RRAAREQ – xxPCAR + add CORRP for correction. If IRS DDX= T, set to S if changing tax return data and note trans#	
Fwd to Counselor date		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	