Kankakee Community College 2023-2024 Income Adjustment Form Independent Student

OFFICE OF FINANCIAL AID
100 College Drive • Kankakee, IL 60901-6505 • (815) 802-8550 • FAX: (815) 802-8551

Federal Student Aid Regulations provide the potential for reevaluation if your financial circumstances change. The 2021 income information that you reported on your financial aid application may not be an accurate indicator of your ability to pay for educational costs. You (or your spouse) must meet one of the circumstances listed below to qualify for reevaluation of your financial aid eligibility.

Once you have completed all steps below, return this form along with the **required supporting documentation** to the Kankakee Community College Office of Financial Aid. Submission of this form does not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis.

STEP I: Student Information

Required Documentation:

Required Documentation:

1. Copy of your spouse's death certificate

Name	e			Date
	Last	First	M.I.	
Perm	anent Address			
Stude	ent Soc. Sec. #		Phone ()	
STEF	P II: Required Documentation	on		
	Complete this form in its entirety Submit a 2021 Tax Return Transcript for YOU and your SPOUSE if you did not use the IRS DRT Submit a 2022 Tax Return Transcript for YOU and your SPOUSE Submit a 2023 last paycheck stub with YTD information from all employers for YOU and your SPOUSE Submit a 2023-2024 Independent Verification Worksheet			
STEP	PIII: Reason for Filing an I	ncome Adjustment Form a	nd <i>provide additional</i> (documentation.
□ A.		terhead from all previous employe ou (or your spouse) ceased employ	ers you (or your spouse) wor	• •
□ B.		employed but is making significant terhead from ALL previous employ ou (or your spouse) ceased emplo	vers you (or your spouse) wo	
□ C .		nemployment compensation or somely lost that income or benefit. (Incort, retirement benefits or disability)	come and benefits include su	uch things as: Social Security
	 Statement of termination f Statement from the source 	rom the source of income or bene e of income or benefit indicating th or benefits received in 2021		e) received the income or benefit
□ D .	Since you applied for financial aid	for 2023-2024, you and your spor	use have separated or divor	ced.

1. If you are separated, attach a signed statement indicating the date of separation; or

2. If you are now divorced, attach a copy of the divorce decree

□ **E.** Since you applied for financial aid for 2023-2024, a supporting spouse has died.

	You (or your spouse) received a one-time income in 2021, such as Social Security payment, inheritance, IRA/pension distribution. equired Documentation: 1. Statement from source of one-time income indicating amount; and			
	2. Statement from you (or your spouse) indicating the disposition of the funds			
□ G .	 G. You paid (not owed) a large amount of medical and/or dental expenses in 2021. Required Documentation: Medical Expenses Paid in 2021 \$			
	IV: Personal Statement- Specifically explain your situation. If more space is needed, please attach additional nentation.			
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Certif If ask proof	V: Read, Sign, and Return to the Kankakee Community College Office of Financial Aid cation: All of the above information on this form and attached documentation is true and complete to the best of my knowledge. Ed by an authorized official, I agree to give additional proof of the information that I have given on this form. I realize that this may include a copy of a federal or state tax return. I also realize that if I do not give proof when asked, the Income Adjustment t be reviewed.			
Stude	nt Signature Spouse Signature			
Date	Completed			
OFF	CE USE ONLY			
□ Ap	proved Denied Date Staff Signature			
Reas	on for Denial			