

Kankakee Community College
2026-2027 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 2024 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

Name _____ Date _____
Last First M.I.

Permanent Address _____

Student Soc. Sec. # _____ Phone Number _____

STEP II: Required Documentation

- ☐ Complete this form in its entirety.
- ☐ Submit a **2024 Tax Return Transcript (Including Schedules 1 and 3)** for YOU and your SPOUSE if you did not use the FA-DDX transfer. Tax Return Transcripts can be requested online at www.irs.gov.
- ☐ Submit a **2025 Tax Return Transcript (Including Schedules 1 and 3)** for YOU and your SPOUSE. Tax Return Transcripts can be requested online at www.irs.gov.
- ☐ Submit a **2026 last paycheck stub with YTD information** from all employers for YOU and your SPOUSE.

STEP III: Reason for Filing an Income Adjustment Form and *provide additional documentation.*

- ☐ **A.** You (or your spouse) earned money in 2024 but lost a full-time job for at least ten (10) weeks and are still unemployed.
Required Documentation:
 - 1. Statement on company letterhead from all previous employers you (or your spouse) worked for in 2024, 2025 and/or 2026 indicating the date you (or your spouse) ceased employment.
 - 2. A current statement of unemployment benefits received.
- ☐ **B.** You (or your spouse) are currently employed but is making significantly less income than in 2024.
Required Documentation:
 - 1. Statement on company letterhead from ALL previous employers you (or your spouse) worked for in 2024, 2025 and/or 2026 indicating the date you (or your spouse) ceased employment.
- ☐ **C.** You (or your spouse) received unemployment compensation or some other taxed or untaxed income or benefit for at least ten (10) weeks in 2024 but completely lost that income or benefit. (Income and benefits include such things as: Social Security benefits, court-ordered child support, retirement benefits or disability benefits. Don't include loss of veteran's educational benefits.)
Required Documentation:
 - 1. Statement of termination from the source of income or benefit
 - 2. Statement from the source of income or benefit indicating the dates you (or your spouse) received the income or benefit and the estimated income or benefits received in 2024.
- ☐ **D.** Since you applied for financial aid for 2026-2027, you and your spouse have separated or divorced.
Required Documentation:
 - 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 2026-2027, a supporting spouse has died.
Required Documentation:
 - 1. Copy of your spouse's death certificate

- ☐ **F.** You (or your spouse) received a one-time income in 2024, such as Social Security payment, inheritance, IRA/pension distribution.

Required 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.** You paid (not owed) a large amount of medical and/or dental expenses in 2024.

Required Documentation: Medical Expenses Paid in 2024 \$

1. Copy of your 2024 Federal Income Tax Schedule A if expenses were itemized (exclude insurance premiums paid)
2. Copies of medical and dental payments not covered by insurance that were paid in 2024.

- ☐ **H.** Your additional family members in college creates a financial hardship on your family.

Required Documentation:

1. Copy of the offer letter for family member(s) in college. The letter should include the Cost of Attendance, and any financial aid awarded.
2. Copy of the family member(s) registration statement.
3. In your personal statement below, please include your relationship with the family member(s) that are in college.

STEP IV: Personal Statement- Explain your situation in detail. If more space is needed, please attach additional documentation.

[illegible]

STEP V: Independent Student's Family Size

Family Size- Includes the following:

- **Yourself**
- **Your spouse**, if you are married
- **Your dependent children if the following are true:**
 - They live with you (or live apart because of college enrollment).
 - They receive more than half of their support from you.
 - They will continue to receive more than half their support from you during the award year.
- **Other persons if the following are true:**
 - They live with you.
 - They receive more than half of their support from you.
 - They will continue to receive more than half their support from you during the award year.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, the student should not include any unborn children in the family size.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship
		Self

STEP V: Read, Sign, and Return to the Kankakee Community College Office of Financial Aid

Certification: All of the above information on this form and attached documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give additional proof of the information that I have given on this form. I realize that this proof 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 will not be reviewed.

Student Signature _____ Spouse Signature _____

Date Completed _____

OFFICE USE ONLY

☐ Approved ☐ Denied Date _____ Staff Signature _____

Reason for Denial _____