

Financial Aid

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Digital Drop Box - lanecc.edu/financialaid/document-intake-form

Parent Income



2025-2026 SPECIAL CIRCUMSTANCES REQUEST

Student name: _____ Student L#: _____

Parent name: _____ Student phone: (_____) _____

If there has been a **significant** change in the financial information provided by your parent(s) since you filed your FAFSA, you may ask for a review of your parent(s) financial situation. Requests are reviewed in the order received. You must have an offer letter from our office before your request will be reviewed. Please allow two to eight weeks for processing. A second appeal will not be considered based on 2024 income changes unless you experience an additional substantial change in your financial information. For more info on how to request a copy of your tax return transcript/wage and income transcript go to lanecc.edu/costs-admission/paying-college/financial-aid/request-tax-transcript.

🔔 Your Request Will Not Be Reviewed Without Documentation 🔔

Check the box that best matches your parent(s) circumstances:

Circumstance	Tax Year	Guidelines	Documentation Required
<input type="checkbox"/> Loss or reduction of Income	<input type="checkbox"/> 2024 <input type="checkbox"/> 2025	Make sure your parent(s) income for the year chosen is less than their 2023 income	<ul style="list-style-type: none"> Tax Return Transcript/Signed Tax Return for chosen year with Schedules 1,2,3 if applicable AND ALL parent(s) W-2s/Wage or Income Transcripts (from IRS.gov) for chosen year
<input type="checkbox"/> Medical/Dental/Health expenses paid in 2024 or 2025, not reimbursed by insurance/third party	<input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<ul style="list-style-type: none"> Federal law states that we can only consider medical expenses in excess of 11% of your Adjusted Gross Income You can find your AGI on your most recent tax return 	<ul style="list-style-type: none"> Tax Return Transcript/Signed Tax Return for year chosen with Schedules 1,2,3 if applicable AND a copy of Schedule A; OR Out of pocket expenses exceeding 11% of your AGI and documentation of your figures (i.e., W2s and paid statements from provider)
<input type="checkbox"/> Death of a Parent	<input type="checkbox"/> 2024 <input type="checkbox"/> 2025	Your parent earned income in 2023 or 2024 or 2025 and is now deceased	<ul style="list-style-type: none"> Obituary or death certificate Tax Return Transcript/Signed Tax Return for chosen year with all Schedule pages AND W-2s/Wage and Income transcript
<input type="checkbox"/> Divorce/Separation of parents	<input type="checkbox"/> 2024 <input type="checkbox"/> 2025	Your parents are now divorced or separated since filing your FAFSA	<ul style="list-style-type: none"> Copy of the divorce decree or a statement on letterhead from an attorney, counselor, or clergy person Proof of separate residences Tax Return Transcripts/Signed Tax Return with all Schedules pages if applicable AND ALL W2s for your parents in 2024 or 2025 to separate income from joint returns
<input type="checkbox"/> Other unusual circumstance	<input type="checkbox"/> 2024 <input type="checkbox"/> 2025	Type and sign a statement detailing the unusual circumstance you/your parent(s) have experienced	<ul style="list-style-type: none"> All document(s) that support your circumstance. Provide documentation from an independent third party that supports your statement (eg. hospital records, court filing, housing documents).

Check all benefits received in 2024 or 2025:

-SSI -WIC -Food Stamps -Free/Reduced School Lunch -TANF -Dislocated Worker

Did you receive any child support payments in the most recent tax year? If so how much \$ _____ Month/Year

Signing this form certifies that all the information reported on it is complete and accurate. I understand that incorrect information may affect future financial aid funding, result in a \$20,000 fine or both. Requests are processed in the order in which they are received, and will take two to six weeks to review. All decisions are final.

Student Signature _____ Date _____

Parent Signature _____ Date _____