

2023-2024 Reevaluation – Income Change

Financial Aid Office

Bristol Community College 777 Elsbree Street Fall River, MA 02720

Is your income or someone in your household's income significantly different than what you reported on your FAFSA? If so you may request a reevaluation of your financial aid based on changes in income for you, your spouse if married, or your parent's if you are a Dependent student for FAFSA purposes.

We will review requests from students who have documented loss of income, unemployment benefits, leaving job to attend college, or other significant change in your household income.

Please note: If the change in income is due to separation/divorce, birth/death, or IRA rollover, complete the form: *Reevaluation: IRA or Household Size*

If your FAFSA has been selected for verification you will need to complete verification before your eligibility for any adjustments can be made. The Financial Aid Office reserves the right to request additional documentation if needed to adequately document any adjustments it makes or to resolve conflicting or inconsistent information. The Financial Aid Office's decision regarding adjustments is final and cannot be appealed.

Please Print

Student Name _____ Bristol ID#: **900** _____

Address _____ Home Phone _____

_____ Cell Phone _____

Check whose income has decreased and report that person's income on this form.

If more than one individual experienced a decrease, complete a separate form with that person's information.

___ Student ___ Student's Spouse ___ Mother ___ Father

Please check one of the following:

☐

The person indicated above lost employment because of termination, layoff, disability, retirement, company closing, or plant shutdown.

- Last date of employment _____ (include supporting documentation)
- Year to date earnings from all employment \$ _____ (include paystubs)

☐

The person indicated above lost employment at one job, then began another job that pays less.

- Last date of employment at first job _____ (include supporting documentation)
- First date of employment at new job _____
- Year to date earnings from all employment \$ _____ (include supporting documentation)

☐

The person indicated above lost a benefit (workers' compensation, unemployment, child support, pension or annuity, Social Security/Supplemental Social Security benefits, disability benefits, death benefits).

- Type of benefit lost _____
- Date lost _____
- Monthly amount before \$ _____ and after \$ _____

Please attach any relevant supporting documentation you would like us to consider.

Examples of documentation you can submit include but are not limited to: DOCUMENTATION OF EMPLOYMENT/BENEFIT TERMINATION, SIGNED IRS TAX RETURN AND APPLICABLE SCHEDULES, W-2 FORMS, RECENT PROOF OF UNEMPLOYMENT BENEFITS, UNEMPLOYMENT BENEFIT STATEMENT (FORM 1099), DENIAL LETTER FROM UNEMPLOYMENT, PAY STUBS, WORKERS' COMPENSATION, UNEMPLOYMENT, CHILD SUPPORT, PENSION OR ANNUITY, SOCIAL SECURITY/SUPPLEMENTAL SOCIAL SECURITY BENEFITS, DISABILITY BENEFITS, DEATH BENEFITS

Additional documentation may be requested depending on the circumstances reported in this request.

CONTINUE TO PAGE 2**Office Use Only**

___ RNAPR unlock ___ E-ISIR ___ DocCom

