STUDENT FINANCIAL AID INCOME REDUCTION EVALUATION

2022-2023

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>SS#</th>
<th>SID#</th>
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</table>

Home Phone Number_____________________Work Phone Number_____________________

The Higher Education Act provides authority for the financial aid administrator to exercise discretion in a number of areas based on special circumstances. Special circumstance is the ability of a financial aid administrator to review a student’s financial aid based on unusual circumstances. These special circumstances are conditions that differentiate an individual student from a class of students rather than conditions that exist across a class of students.

**You must complete Step One and Step Two**

### STEP ONE

**Unemployment or Change of Employment Status:**

**Check the Appropriate Line:**

___ Student   ___ Spouse   ___ Father   ___ Mother

Documents Required:

- Letter from previous and or current employer *(on company letterhead)* stating:
  - Last date of employment
  - Reason for unemployment
  - 2020 earnings up to the last date of employment
  - 2021 earnings up to the last date of employment
  - 2022 earnings up to the last date of employment
  - Statement from Unemployment Office regarding Unemployment Benefits
  - Retirement Pay statement

**NOTE:** You must be unemployed for at least eleven (11) weeks.

### Divorce/Legal Separation:

___ Student/Spouse   ___ Father/Mother

Documents Required:

- A copy of the divorce decree OR a letter from the attorney verifying the separation date.
- 2020 W-2’s and 2020 federal tax return for student or supporting parents.
- 2021 W-2’s and 2021 federal tax return for student or supporting parents.
Death
___ Spouse  ___ Father  ___Mother

Documents Required:
o  A copy of the death certificate and obituary.
o  2020 W-2’s and 2020 federal tax return of student or surviving parent.

Disability
___ Student  ___Spouse  ___Father  ___Mother

Documents Required:
o  A letter from the physician stating the nature and date of the disability.

Loss of benefits and or untaxed income
___ Student  ___Spouse  ___Father  ___Mother

Documents Required:
o  Documentation certifying loss of a benefit or untaxed income.

One-time income (examples: inheritance, IRA distribution, retroactive lump sum Social Security payments).
___ Student  ___Spouse  ___Father  ___Mother

Documents Required:
o  Documentation of one-time income including amount and type

STEP TWO
Estimated income for the 2022 calendar year January 1 through December 31, 2022

Note: Write in zero (0) if any item does not apply

Taxable Income
___ Student  ___Spouse  ___Father  ___Mother

Person Affected: ________________  Person Affected: ________________

Wages  $___  $___
Unemployment benefits  $___  $___
Pensions  $___  $___
Alimony  $___  $___
Other taxable income  $___  $___
### Nontaxable Income

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>TANF</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Child Support</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Untaxed income</td>
<td>$_______</td>
<td>$_______</td>
</tr>
<tr>
<td>Current Cash and Savings</td>
<td>$_______</td>
<td>$_______</td>
</tr>
</tbody>
</table>

______________________________  ______________
Parent Signature (for dependent student only)  Date

______________________________  ______________
Parent Signature (Both signatures required if married)  Date

______________________________  ______________
Student Signature  Date

______________________________  ______________
Spouse Signature  Date

**PLEASE NOTE: THIS PROCESS DOES NOT GUARANTEE FINANCIAL AID ELIGIBILITY**

Office of Student Financial Services  
Lawson State Community College

Bessemer Campus  
1100 9th Avenue SW  
Bessemer, AL 35022

Birmingham Campus  
3060 Wilson Road SW  
Birmingham, AL 35221