CENTRAL PIEDMONT
COMMUNITY COLLEGE

Reconsideration Request 2025-26

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information, you may be subject to a fine of up to $20,000, imprisonment for up to five years, or both.

Student Information (Please Print)

Last Name: _____ First Name: _____

Middle Initial: _____ Student ID Number: _____

Student Email Address: _____

Street Address
(Include Apartment Number): _____

City: _____ State: _____ Zip Code: _____

Phone Number (Include Area Code): _____

Central Piedmont Community College recognizes special circumstances may affect a student's eligibility for federal financial aid. This request form is designed to document such information for review by the Financial Aid Office. Complete all sections of this form and submit the form with the appropriate documentation. Decisions are final and are based upon regulatory parameters established by the U.S. Department of Education.

The Financial Aid Office begins the review process with an evaluation of the accuracy of the information that was submitted on your Free Application for Federal Student Aid (FAFSA). Once verification is completed, the Financial Aid Office will evaluate the documents you submit along with your FAFSA information to determine if you are eligible for an adjustment.

Part I: Instructions for Completion

- Submit a copy of 2023 and 2024 IRS tax return transcripts (including W-2's), all current year-to-date earnings and any benefit documentation for the student, spouse, and/or contributor(s) if applicable. If the student, spouse, or contributor(s) filed separately, their IRS tax transcripts must also be provided.
- Provide a detailed statement explaining your circumstances including how the student and/or student's family's financial status has changed.
- Complete only the sections that apply to your situation and provide ALL required documentation.
- Provide all requested signatures. Include student name and student ID number on form.
- Incomplete requests will not be considered; if additional information is needed, you will be notified.

To ensure an accurate income adjustment for those who have lost employment, please wait at least 90 days after the change has occurred to submit a request for review of special conditions for loss of employment or benefits. If this occurs after the beginning of the fall semester, please wait to submit your reconsideration request until after you complete your income taxes for 2024.

Part II: Family Members and Relationship

Please list all household members, including yourself as defined on the FAFSA. Independent students: include spouse and dependent children. Dependent students include: contributor(s), and dependent children included in the contributors' household. If a listed family member will be attending college at least half-time for the 2025-26 school year, please include the name of the institution.

Family **Member Name**	**Age**	**Relationship**
		SELF

Family **Member Name**	**Age**	**Relationship**

Part III: Explanation of Situation- Personal Statement

Please provide a detailed statement explaining your circumstances including how your and/or your family's financial status has changed.

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Please check one box that corresponds to your situation and provide the required documentation.

Situation	Explanation	Documentation Required
☐ Death of Contributor/ Spouse after filing FAFSA	Death of spouse or contributor after filing (FAFSA)	- 2025-2026 Independent or Dependent V1 Verification Worksheet - 2023 and 2024 IRS Tax Return Transcripts, W-2s and/or 1099 statements - Copy of death certificate - Social Security benefits (if applicable)
☐ Separation	You or your	- 2025-2026

Situation	Explanation	Documentation Required
	contributor separated or divorced after filing the Free Application for Federal Student Aid (FAFSA)	Independent or Dependent V1 Verification Worksheet - 2023 and 2024 IRS Tax Return Transcripts, W-2s and/or 1099 statements - Copy of divorce decree, copy of legal separation agreement - Documentation of child support received or paid out
☐ Unemployment/ Change or loss of income	You/spouse/or your contributor(s) had a significant loss of income in 2024 or 2025 due to a period of unemployment, involuntary change of job, or	- 2025-2026 Independent or Dependent V1 Verification Worksheet - 2023 and 2024 IRS Tax Return Transcripts, W-2s and/or 1099 statements - Letter from former employer with

Situation	Explanation	Documentation Required
	uninitiated change from full-time to part-time employment. Loss of employment or substantial reduction in income from work that lasted at least 6 weeks in 2024 or 2025.	termination date and last paystub - Print out of Unemployment Payment Record - Public and/or other type(s) of Assistance Letter if applicable
☐ Elementary/ Secondary Tuition		- Paid Invoice - Letter Certifying school enrollment
☐ Medical expenses (only applies if you filed a 1040 Schedule A)		- Federal 1040 income tax return form including Schedule A
☐ Contributor, sibling, and/or spouse enrolled in college	Contributor, sibling, and/or spouse must be enrolled at least half-time during the 2024-2025	- Verification of enrollment from the Registrar's office where the contributor, sibling, and/or spouse attend

Situation	Explanation	Documentation Required
	academic year, in a regionally accredited institution, working toward a degree, certificate, or program leading to a recognized education credential	- Billing statement showing the amount paid out-of- pocket.
☐ Other	Other extenuating circumstances affecting your financial aid eligibility.	- Please meet with a Financial Aid Counselor to see whether your situation qualifies for a reconsideration request

Part IV: Projected Income

Income Source	Student	Spouse, if married	Contributor(s) if dependent
Wages & Salaries	$	$	$

Income Source	Student	Spouse, if married	Contributor(s) if dependent
Unemployment	$	$	$
Disability Benefits	$	$	$
Child Support Received	$	$	$
Alimony Received	$	$	$
Other Untaxed Income	$	$	$
Other:	$	$	$

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Part V: Certification Statements and Signature for Correction

Each person signing below certifies that all of the information reported on this application and any attachments provided is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information on my Student Aid Report, I may be subject to a $20,000 fine, a prison sentence, or both. I understand that failure to provide the required documentation may result in denial of this application.

I authorize Central Piedmont's Financial Aid Office to make corrections to my original and/or subsequent Student Aid Report, if necessary based on the documentation provided. (If you are a dependent student, it is required that at least one contributor sign the form.)

Student Signature	Date
Spouse Signature	Date
Contributor 1 Signature	Date
Contributor 2 Signature	Date

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Student Estimated Income

Instructions

1. Provide actual and estimated 2025 income for the student and spouse, if applicable.
2. For any income listed, submit supporting documentation. Documentation is required before your appeal can be reviewed. This may include, but is not limited to: recent year-to-date paystubs, employer letter documenting last day of work, employer statement of severance payments and benefits, statement of unemployment benefits.
3. If a line item is left blank, you are certifying you have not received and there is no possibility of receiving income of that kind.

Sources of Income	**Actual** amounts from 1/1/25 to today (date of appeal)	**Estimate** amounts from today (date of appeal) to 12/31/25	**Total** (estimated) amounts for 2025
Student gross earnings from employer(s)	$	$	$
Spouse gross earnings from employer(s)	$	$	$
Severance Pay	$	$	$
Investment Income:	$	$	$

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Sources of Income	**Actual** amounts from 1/1/25 to today (date of appeal)	**Estimate** amounts from today (date of appeal) to 12/31/25	**Total** (estimated) amounts for 2025
Dividends, Net Rental Income, etc.			
Alimony Received	$	$	$
Gross Net Income	$	$	$
Capital Gains (Sale of Property, etc.)	$	$	$
IRA/Retirement Account Withdrawals	$	$	$
Pension and Annuity Income	$	$	$
S corporation & Partnership Income	$	$	$
Farm/Ranch Net Income	$	$	$
Unemployment Compensation (Gross)	$	$	$
Taxable Social Security Benefits/Disability	$	$	$
Untaxed Income			
Payments to Tax-Deferred Pension and Savings Plan	$	$	$

Sources of Income	**Actual** amounts from 1/1/25 to today (date of appeal)	**Estimate** amounts from today (date of appeal) to 12/31/25	**Total** (estimated) amounts for 2025
IRA Deductions/ Payments to SEP, SIMPLE, Koegh	$	$	$
Child Support Received	$	$	$
Tax Exempt Interest Income	$	$	$
Untaxed Portions of IRA Distributions	$	$	$
Untaxed Pension and Annuity Income	$	$	$
Housing, Food and Other Living Allowances paid to you	$	$	$
Non-Educational Veterans Benefits	$	$	$
Other Untaxed Income (Worker's Compensation/ Disability)	$	$	$
Other Income (Bills Paid on your behalf)	$	$	$
Additional Financial			

Sources of Income	**Actual** amounts from 1/1/25 to today (date of appeal)	**Estimate** amounts from today (date of appeal) to 12/31/25	**Total** (estimated) amounts for 2025
Information			
Child Support Paid	$	$	$
Alimony Paid	$	$	$
Taxable Earnings from Need-Based Work-Study	$	$	$
Student Grants or Scholarships Reported to IRS	$	$	$

Contributor Estimated Income

Instructions

1. Provide actual and estimated 2024 income for the contributor whose information was used to complete the FAFSA.
2. For any income listed, submit supporting documentation. Documentation is required before your appeal can be reviewed. This may include, but is not limited to: recent year-to-date paystubs, employer letter documenting last day of work, employer statement of severance payments and benefits, statement of unemployment benefits.

CENTRAL PIEDMONT
COMMUNITY COLLEGE

3. If a line item is left blank, you are certifying you have not received, and there is no possibility of receiving, income of that kind.

Sources of Income	**Actual** amounts from 1/1/25 to today (date of appeal)	**Estimate** amounts from today (date of appeal) to 12/31/25	**Total** (estimated) amounts for 2025
Contributor gross earnings from employer(s)	$	$	$
Contributor gross earnings from employer(s)	$	$	$
Severance Pay	$	$	$
Investment Income: Dividends, Net Rental Income, etc.	$	$	$
Alimony Received	$	$	$
Business Net Income	$	$	$
Capital Gains (Sale of Property, etc.)	$	$	$
IRA/Retirement Account Withdrawals	$	$	$
Pension and Annuity Income	$	$	$

Sources of Income	**Actual** amounts from 1/1/25 to today (date of appeal)	**Estimate** amounts from today (date of appeal) to 12/31/25	**Total** (estimated) amounts for 2025
S Corporation & Partnership Income	$	$	$
Farm/Ranch Net Income	$	$	$
Unemployment Compensation (Gross)	$	$	$
Taxable Social Security Benefits/ Disability	$	$	$
Untaxed Income			
Payments to Tax-Deferred Pension and Savings Plans	$	$	$
Child Support Received	$	$	$
Tax Exempt Interest Income	$	$	$
Untaxed Portions of IRA Distributions	$	$	$
Untaxed Pension and Annuity Income	$	$	$

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Sources of Income	**Actual** amounts from 1/1/25 to today (date of appeal)	**Estimate** amounts from today (date of appeal) to 12/31/25	**Total** (estimated) amounts for 2025
Housing, Food and Other Living Allowances paid to you	$	$	$
Non-Educational Veterans Benefits	$	$	$
Other Untaxed Income (Workers Compensation/ Disability)	$	$	$
Additional Financial Information			
Child Support Paid	$	$	$
Alimony Paid	$	$	$
Taxable Combat Pay or Special Combat Pay	$	$	$

1. Was/is your income and/or your spouse's or contributors' income less in 2024 (or 2025)? ☐ Yes ☐ No

CENTRAL PIEDMONT
COMMUNITY COLLEGE

2. If yes, please circle the appropriate reason, attach an explanation, and give the date of the change in your situation. Date: _____

    a. Unemployment or change in employment
    b. Divorce/separation
    c. Death of spouse or contributor
    d. Disability of student, spouse, contributor
    e. Income reduction due to status of an affected individual under the HEROES Act1
    f. One-time income (examples: inheritance, moving allowance, prior-year Social Security payments, severance, or IRA/pension distribution)
    g. Loss or reduction of untaxed income such as child support, etc.

3. If **2f** is circled, identify source of income and how funds were spent or invested.

CENTRAL PIEDMONT
COMMUNITY COLLEGE

4. If 2a, 2b, 2c, 2d, 2e, or 2g are circled, please complete the following income information for 2025.

ANTICIPATED INCOME FROM _____ TO _____	CONTRIBUTOR	STUDENT AND SPOUSE
Wages, salaries, tips (including severance pay, disability payments, and any income from work)		
Other taxable income		
Untaxed Social Security benefits		
Temporary Assistance to Needy Families (TANF)		
Child support received		
Other untaxed income		
Total anticipated income		

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Elementary and Secondary Education, and Dependent Care Expenses

Complete this section if you have elementary and secondary school costs for dependent student's sibling or independent student's child.

Name of Supported Family Member	Age	Relationship	Child Care Expense	Elementary Education Expense	Secondary Education Expense	Adult Dependent Care Expense
			$	$	$	$
			$	$	$	$

1. Did you pay for elementary or secondary education expenses or dependent care expenses? ☐ Yes ☐ No
   If yes, please make sure the family members and the amount of relevant support given for each is listed above.

2. Please explain if these expenses will be higher in 2024 (or 2025), and why.

3. From what sources will you finance these expenses?

CENTRAL PIEDMONT
COMMUNITY COLLEGE

4. Please explain why these expenses are necessary.

5. For educational expenses, please provide receipts for tuition payments, canceled checks or a signed itemized statement of expenses. List each document and the amount on a separate piece of paper.

Medical Expenses

Complete this section only if you have paid unusually high medical expenses.

Instructions

Complete the following worksheet and provide documentation of medical expenses you paid or expect to pay in one tax year, such as billing statements documenting payments, receipts or account summaries from your health care providers. We cannot accept unpaid bills or an explanation of benefits as proof of payment. Please contact our office for help with completing this form or with any questions you may have about your personal circumstances.

For dependent students, report medical expenses paid by the contributor (s) whose income is reported on the FAFSA. For independent students, report medical expenses paid by you and/or your spouse.

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Medical Expenses Paid in (Year)

Date Service Was Received	Name of Medical Provider (doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.)	Total Cost of Service Received (if known)	Amount Not Covered by Insurance	Amount Paid	Date You Paid	Supporting Documents Attached? Yes/No	Recurring Expense? Yes/No
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Date Service Was Received	Name of Medical Provider (doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.)	Total Cost of Service Received (if known)	Amount Not Covered by Insurance	Amount Paid	Date You Paid	Supporting Documents Attached? Yes/No	Recurring Expense? Yes/No
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Date Service Was Received	Name of Medical Provider (doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.)	Total Cost of Service Received (if known)	Amount Not Covered by Insurance	Amount Paid	Date You Paid	Supporting Documents Attached? Yes/No	Recurring Expense? Yes/No
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			
		$	$	$			

CENTRAL PIEDMONT
COMMUNITY COLLEGE

1. How much did you pay for your medical/dental insurance in 2023 (or 2024)? (Do not include employer's contribution)
   $ _____

2. What were your 2023 (or 2024) medical/dental expenses not paid by insurance? $_____
   Expenses:

CENTRAL PIEDMONT
COMMUNITY COLLEGE

3. Please explain if your unreimbursed medical/dental expenses were/will be higher in 2023 (or 2024), and why.

4. From what sources will you finance these expenses?

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Certification and Signature

Please provide your signature. If you are a dependent student, please also provide one contributor's signature whose information is listed on your FAFSA. By providing signature(s), you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

Student Signature: _____ Date: _____

Contributor Signature
(Dependent Students Only): _____

Date: _____