

Financial Aid Office

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# **2025-2026 Income Modification Request – Dependent Student**

If you and/or your parent(s) income has recently decreased due to extenuating circumstances, the Financial Aid Office can re-evaluate your financial aid eligibility based on your situation and supporting documentation. Examples of extenuating circumstances include, but are not limited to:

|  |
| --- |
| * Loss of income due to loss of employment or reduction of pay. |
| * Loss of income due to divorce, incarceration, or death of individual whose income was reported on the FAFSA. |
| * Non-recurring income, such as early retirement withdrawal, was required to be reported on the FAFSA. |
| * Extremely high medical or dental expenses paid out-of-pocket and not covered by insurance in a single year. |
| * Impacted by a natural disaster. |

Students completing this request must have already submitted their 2025-2026 FAFSA and been awarded based on the data included on that FAFSA submission. Students whose Student Aid Index (SAI) is less than or equal to zero, are not eligible to request an income modification.

Students must submit a complete packet in order for the request to be reviewed. Use the list below to ensure you complete all requirements:

|  |  |  |
| --- | --- | --- |
|  | **Requirement 1:** | Letter of explanation |
|  | **Requirement 2:** | Situational documentation |
|  | **Requirement 3:** | Asset and Benefits Worksheet |
|  | **Requirement 4:** | Dependent Standard Verification Form |

**Requirement 1: Letter of Explanation**

Attach a typed letter explaining the specific circumstances regarding your request. The letter must include any important dates and provide details to support your request. The letter must be typed with the student’s written signature.

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| --- | --- | --- |
| **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Requirement 2: Situational Documentation**

Answer Yes or No to the following questions. If you answer Yes to any question, include the documentation listed under the question with your packet.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Was there a change in marital status? |  | | Yes |  | No |
| If yes, provide court documents listing date of separation or divorce. | | | | | |
|  | | | | | |
| 2. Was there a death in your household? |  | | Yes |  | No |
| If yes, provide a copy of the death certificate or obituary. | | | | | |
|  | | | | | |
| 3. Is your 2024 tax information more indicative of your current situation? |  | | Yes |  | No |
| If yes, provide a complete copy of tax filing for 2024. | | | | | |
|  | | | | | |
| 4. Was there a reduction in employment within the last 12 months? |  | | Yes |  | No |
| If yes, provide three consecutive paychecks from all employers,  unemployment statements, retirement, or termination notice. | | | | | |
|  | | | | | |
| 5. Was there a reduction in employment due to disability? |  | | Yes |  | No |
| If yes, provide letter from employer or physician documenting reduction  in hours including the date of change in employment status. | | | | | |
|  | | | | | |
| 6. Was there non-recurring income received in 2023? |  | | Yes |  | No |
| If yes, provide statement to show IRA or pension withdrawals, inheritance,  lottery winnings, moving allowances, etc. | | | | | |
|  | | | | | |
| 7. Was there a reduction or termination of Social Security income? |  | | Yes |  | No |
| If yes, provide benefits termination notice, death certification, obituary  notice, or other documentation showing change in Social Security benefits. | | | | | |
|  | | | | | |
| 8. Was an individual whose income was reported on the FAFSA incarcerated? |  | | Yes |  | No |
| If yes, provide copy of court or jail records showing date of incarceration  and date of expected release. | | | | | |
|  | | | | | |
| 9. Are there circumstances other than those noted above? | |  | Yes |  | No |
| If yes, please provide supporting documentation. | | | | | |
|  | | | | | |

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| --- | --- | --- |
| **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Requirement 3: Asset and Benefits Worksheet**

Provide amounts for the items listed below:

**Student**

|  |  |
| --- | --- |
| Cash, Savings, Checking Accounts | $ |
| Other Real Estate and Investment Net Worth | $ |
| Business Net Worth | $ |
| Do not include the value of a small business that you/your parents own and control that has 100 or fewer full-time or full-time equivalent employees. | |
| Investment Farm Net Worth | $ |
| Do not include the value of a family farm that you/your parents live on and operate. | |

**Parent**

|  |  |
| --- | --- |
| Cash, Savings, Checking Accounts | $ |
| Other Real Estate and Investment Net Worth | $ |
| Business Net Worth | $ |
| \*Do not include the value of a small business that you/your parents own and control that has 100 or fewer full-time or full-time equivalent employees. | |
| Investment Farm Net Worth | $ |
| Do not include the value of a family farm that you/your parents live on and operate. | |

At any time during 2023 or 2024, did you, your parents, or anyone in your parents’ household receive benefits from any of the following federal programs? ***Mark all that apply.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Medicaid or Supplemental Security Income (SSI) | | |
|  | Supplemental Nutrition Assistance Program (SNAP) | | |
|  | Free or Reduced School Lunch | | |
|  | Temporary Assistance for Needy Families (TANF) | | |
|  | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | | |
| **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Requirement 4: Dependent Standard Verification Form**

**Household Information**

List the people in your parent(s) household including:

|  |  |
| --- | --- |
| **Yourself:** | Add your name to the line noted as Student. |
| **Your Parent(s):** | List parent(s) even if not currently living with them. Include Stepparent(s). |
| **Your Parent(s) Other Children:** | If your parent(s) provide more than half of their support from July 1, 2025 through June 30, 2026, or if other children will be required to provide parental information if they were completing a 2025-2026 FAFSA. Include children who meet either of these standards, even if they do not physically live with the parent(s). |
| **Other People:** | If someone now lives with your parent(s) and your parent(s) provide more than half of their support and will continue to provide this support through June 30, 2026. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Age** | **Relation to Student** | **Are they currently attending or planning to attend college in 2025-2026? If so, which college.** |
|  |  | Student | North Idaho College |
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| --- | --- | --- |
| **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Taxable Income**

**Student 2023 Tax Filing Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did you or will you file a 2023 US Income Tax Return? | | | | | | |
|  | Yes. This information will be or has been provided by (check one): | | | | | |
|  | |  | | Using the Data Retrieval Tool on the FAFSA to import taxes directly from the IRS. | | |
|  | |  | | Submit a copy of your signed 2023 tax return | |
|  | |  | |  | |
|  | No. You must submit the following items: | | | | |
|  | | |  | | A 2025-2026 Non-Filing Income Statement – Dependent Student Form. |
|  | | |  | | All W-2’s for 2023. |

**Parent 2023 Tax Filing Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did your parent(s) or will your parent(s) file a 2023 US Income Tax Return? | | | | | | |
|  | Yes. This information will be or has been provided by (check one): | | | | | |
|  | |  | | | Using the Data Retrieval Tool on the FAFSA to import taxes directly from the IRS. | |
|  | |  | | | Submit a copy of your parents signed 2023 tax return |
|  | |  | | |  |
|  | No. Your parent(s) must submit the following items: | | | | |
|  | | |  | A 2025-2026 Non-Filing Income Statement – Parent Form. | |
|  | | |  | All W-2’s for 2023. | |

***Signatures below must be hand written. Electronic signatures will not be accepted.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I certify all information reported to qualify for federal student aid is true and complete. I understand that reporting false information on these worksheets could result in a fine, jail time, or both. North Idaho College reserves the right to question the validity of any information provided. | | | |
|  | I certify the signatures below are those of the original person. I understand that falsifying signatures violates North Idaho College’s Code of Conduct and may result in disciplinary action. | | | |
|  | | | | |
| Student Signature: | |  | Date: |  |
| Parent Signature: | |  | Date: |  |