

Cardinal Central (208) 769-3311 phone (208) 769-3399 fax CardinalCentral@nic.edu

2024-2025 Independent FAFSA Income Modification Request

Allow 2-3 weeks to review your request

STUDENT INFORMATION

| Name | : | | |
|----------------|--|---|----------------------------|
| | (First) | (Middle Initial) | (Last) |
| Stude | nt ID Number: | Phone Number: | |
| Finar | _ | reased because of an extenuatir e to re-evaluate your financial a on. | • |
| *Mus | t submit AFTER the 2024- | -2025 FAFSA has been complet | ed and evaluated. |
| | ne event of a job loss or job ployment to the date of su | change, six weeks MUST have bmitting this application. | elapsed from the last date |
| * If yo | ou have a zero or below Stu | ıdent Aid Index (SAI) this form | cannot be reviewed. |
| 1. 2. 3. | irements to Cardinal C Letter of Explanation Situational Documentation Asset Worksheet and Indend of this application | | n Form, attached at the |
| REQ | UIREMENT 1: LETTER | R OF EXPLANATION | |
| ☐ At | circumstances. The lette | nation providing information ar should be detailed and includ | e important dates. |
| | | | |

REQUIREMENT 2: SITUATIONAL DOCUMENTATION

Answer yes or no to the following questions. If you answer yes, include all listed required documentation:

| □No □Yes | Was there a change in marital status? If yes, provide the date of separation or divorce, court documents regarding divorce or termination of child support, alimony, and/or lawyer's statement regarding separation. |
|----------|---|
| □No □Yes | 2. Is your 2023 tax information more indicative of your current situation? ☐ If yes, please provide a signed copy of 2023 1040s, all 2023 W-2(s), unemployment benefits statements, retirement, or termination notice. |
| □No □Yes | 3. Was there a reduction in employment within the last 12 months? ☐ If yes, provide three consecutive pay stubs/earning statement from all current employers, unemployment benefits statements, retirement, or termination notice. |
| □No □Yes | 4. Was there a reduction in employment due to disability? ☐ If yes, provide the date of this change, a memo or letter from employer regarding change or reduction in employment, and/or a physician's disability statement indicating inability to work. |
| □No □Yes | 5. Was there a death in your household? ☐ If yes, provide a death certificate or obituary. |
| □No □Yes | 6. Was there non-recurring income received in 2022? ☐ If yes, provide bank statements to show IRA or pension withdrawals, inheritance, moving allowances, etc. |
| □No □Yes | 7. Was there a reduction/termination of Social Security income? If yes, provide Social Security benefits termination notice, death certificate, or obituary notice or other documentation to show changes in Social Security benefits. |
| □No □Yes | 8. Is there a different circumstance? If yes, please explain your circumstance in the attached letter and provide supporting documentation. |

REQUIREMENT 3: ADDITIONAL FINANCIAL AID FORMS

2024-2025 Asset & Benefits Worksheet

| STU: | DENT | | |
|------|---|---------------------------|--|
| | 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 scontrol and that has 100 or fewer full-time or full-time ed | | |
| | Investment farm net worth* | \$ | |
| | Do not include the value of a family farm that you/your spo | ouse live on and operate | |
| | *Net worth = current value minus debt. | | |
| SPO | USE (if applicable) | | |
| | 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 spouse own and control and 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 spo | ouse live on and operate. | |
| | *Net worth = current value minus debt. | | |
| | ny time during 2022 or 2023, did you, your spo ve benefits from any of the federal programs li | | |
| | Medicaid or Supplemental Security Income (SSI) | | |
| | Supplemental Nutrition Assistance Program (SNAP) | | |
| | Free or Reduced Price School Lunch | | |
| | Temporary Assistance for Needy Families (TANF) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | | |

2024-2025 Independent Standard Verification Form

SECTION (1) STUDENT INFORMATION

| Name: | | |
|--------------------|------------------|--------|
| (First) | (Middle Initial) | (Last) |
| | | |
| | | |
| Student ID Number: | Phone Number: | |
| | | |

SECTION (2) HOUSEHOLD INFORMATION

List the people in your household including:

- · Yourself.
- Your Spouse, if you are married.
- Your Children, if any, that you will provide more than half of their support from July 1, 2024 through June 30, 2025, or if the children would be required to provide your information if they were completing a FAFSA for 2024-2025. Include children who meet either of these standards, even if they do not physically live with you.
- Other People, if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

| Full Name | Age | Relationship to Student | Are They Currently in College or Beginning College in 2024-2025? ➤ Yes – which college? ➤ No – N/A |
|-----------|-----|-------------------------|--|
| | | STUDENT | NORTH IDAHO COLLEGE |
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SECTION (3) TAXABLE INCOME

STUDENT 2022 TAX FILING INFORMATION:

| Did you or will you file a 2022 US Income Tax Return? |
|--|
| ☐ Yes. This information will be or has been provided by either (check one option): |
| ☐ Using the Data Retrieval Tool on the FAFSA to import your taxes from the IRS. |
| Submitting a signed copy of your 2022 1040 Tax Return and matching 2022 W-2(s) or a 2022 Tax Return Transcript ordered from the IRS. |
| ☐ No. You must submit: |
| A Verification of Non-filing Statement ordered from the IRS using the 4506-T form. All W-2(s) for 2022. |
| SPOUSE 2022 TAX FILING INFORMATION (IF MARRIED): |
| Were you and your spouse married on or before December 31st, 2022? |
| Yes. If you filed Married Jointly, your spouse's tax information will be included with your FAFSA or Tax Return Transcript. If you filed Separately, your spouse will need to submit a signed copy of their 2022 1040 Tax Return and matching 2022W-2(s) or a 2022 Tax Return Transcript ordered from the IRS. |
| ☐ No. We will need tax information for your spouse. |
| Did your spouse or will your spouse file a 2022 US Income Tax Return? |
| Yes. Your spouse will need to: |
| Submit a signed copy of their 2022 1040 Tax Return and matching 2022 W-2(s) or a 2022 Tax Return Transcript ordered from the IRS. |
| ☐ No. Your spouse must submit: |
| A Verification of Non-filing Statement ordered from the IRS using the 4506-T form. All W-2(s) for 2022. |
| SECTION (4) INITIAL AND SIGN THIS WORKSHEET |
| **HAND-WRITTEN SIGNATURES ONLY - DIGITAL/TYPED SIGNATURES WILL NOT BE ACCEPTED** |
| BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL INFORMATION REPORTED TO QUALIFY FOR FEDERAL STUDENT AID IS COMPLETE AND CORRECT. THE SIGNATURE LISTED BELOW IS THAT OF THE ORIGINAL PERSON. FALSIFYING A SIGNATURE WILL VIOLATE NORTH IDAHO COLLEGE'S CODE OF CONDUCT AND RESULT IN DISCIPLINARY ACTION. |
| I UNDERSTAND IF I PURPOSEFULLY GIVE FALSE INFORMATION ON THIS WORKSHEET, I MAY BE FINED, BE SENT TO JAIL, OR BOTH. NORTH IDAHO COLLEGE RESERVES THE RIGHT TO QUESTION THE VALIDITY OF THIS INFORMATION AND MAY REQUEST A NEW NOTARIZED STANDARD VERIFICATION FORM. |
| Student Printed Name: Date: |
| Student Signature: |