Change of Income Request
2026-2027

Student Name _____ PJC ID#_____

Phone #_____Email_____

Note: Loss of income due to a return to school is considered a choice, and does not support a financial reconsideration.

In order for the Financial Aid Office to consider an income adjustment, you must complete Part 1 and Part 2 below.

Part 1. Provide a detailed statement that includes an explanation of the circumstances. Provide name of person(s) whose income has changed and explain their relationship to the student. Check the reason below that applies to you and provide the documentation the reason requires.

☐ **Unemployment/Reduction in Earnings/Retirement**

- Current and/or prior name of employer, address, phone number
- Date the employment was lost or reduced
- Copy of last pay-stub from prior employer
- Copy of last pay-stub received from current employer
- Copy of termination notice, reduction of employment notice or retirement documentation
- Copy of unemployment benefits statement or explanation of why there is not one.

☐ **Divorce or Separation**

- Copy of final divorce decree
- Separation – PJC Separation form *AND* documentation of separate residences

☐ **Significant Medical/Dental Expenses –** Unusual medical/dental expenses incurred that are not covered by insurance reported on a 2024 or 2025 Schedule A. Expenses must exceed 7.5% Adjusted Gross Income

- Written explanation of type of expense, financial impact, name of family member expense was for, when the expense was incurred
- Attach billing statements showing expenses paid

☐ **Loss of One Time Income**

- Written explanation of type of income, how it was spent, and why it cannot be used for educational expenses
- Bank statements or paid receipts of how income was spent

Part 2. Documents required for **all** Change of Income Requests

- 2024 signed tax return or tax transcript from the IRS
- 2025 signed tax return or tax transcript from the IRS
- Dependent/Independent Verification Worksheet

I, the student, and the parent(s) or student's spouse, if applicable, certify that all the information is true and complete to best of my knowledge. I agree to provide information requested by the PJC Financial Aid Office to verify the accuracy of this completed form and/or to clarify conflicting information. All parties signing this form are aware that purposely giving false or misleading information can result in the cancellation of financial aid, a fine up to $20,000, and a possible prison sentence.

_____ _____

Student Signature Date Parent or Spouse Signature Date

Paris Junior College
Phone: 903-782-0429 **Email: finaid@parisjc.edu**