

**2025-2026 STUDENT  
REVISION REQUEST**

EWV152

**DUE TO DECREASE IN RESOURCES OF STUDENT OR SPOUSE**

**Section A: STUDENT INFORMATION** (please print)

\_\_\_\_\_ ID#: \_\_\_\_\_  
 Last Name First Name MI ctcLink ID required  
 \_\_\_\_\_  
 Address (include apt # if applicable) Date of Birth  
 \_\_\_\_\_  
 City State ZIP Code Daytime Phone (include area code)

I certify that all information provided on this form is true and complete to the best of my knowledge. If an adjustment is granted based on estimated income, I agree to report any increase in that income to the Financial Aid office. I understand that a digital or electronic typed signature has the same legal effect, and can be enforced in the same way, as a written signature.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Please note that this form is **NOT** used for requesting additional student expense consideration. That form is titled "Additional Expense Request for Students". If you are a Dependent student and wish to report changes in your **parent** circumstances, please have them fill out the **PARENT** Revision Request form.\*\*\*

**Instructions:** If you have had a change in circumstances, we may be able to use **your 2024 income OR your income for the last 6 months** (the other six months will be estimated based on the information received) to determine your Student Aid Index (SAI). Read and complete each section carefully to prevent errors. Complete **ALL** sections. If you are currently married and not separated, provide BOTH your and your spouse's income information. **Where the question does not apply, or the answer is "none", enter zero.** Leaving a question blank may delay the processing of your request. Questions? 509-682-6810 or [financialaid@wvc.edu](mailto:financialaid@wvc.edu).

**Section B:** In addition to this form, you need to provide a statement to support your extenuating circumstances and why you are requesting this revision. This request needs to include dates, explanations, supporting documentation and signatures. Be aware that only **\*ONE\*** Revision Request will be processed per academic year.

**Section C: TYPE OF CHANGE** (please check and complete all appropriate selections)

**PERMANENT CHANGE IN STUDENT MARITAL STATUS, since FAFSA/WASFA was filled out. I am requesting to exclude spouse income/information.**

1. Type of marital status change: \_\_\_ widowed \_\_\_ separated \_\_\_ divorced
2. Date of marital status change: \_\_\_\_\_ Spouse Name: \_\_\_\_\_
3. Spouse is a WVC student  Yes  No If yes, list Spouse ctcLink ID# \_\_\_\_\_

**DECREASE IN STUDENT AND/OR SPOUSE EARNED INCOME**

1. Date of income change: \_\_\_\_\_ Decrease is for \_\_\_ Student \_\_\_ Spouse (complete Spouse info above)
2. Income change is due to: \_\_\_ Loss of Job \_\_\_ Reduced hours \_\_\_ Job Change \_\_\_ Retired \_\_\_ Loss of Unemployment Benefits \_\_\_ Other (explain: \_\_\_\_\_)

**MUST COMPLETE SECTION D & E**

**Section D: NON-TAXABLE INCOME/ASSISTANCE** **\*\*REQUIRED section - if none apply, check last option.**

Count Student, spouse, and dependents only in household. **NOTE: DO NOT PUT AMOUNTS. THE AMOUNTS ARE NOT COUNTED AGAINST YOUR FINANCIAL AID CALCULATIONS.**

During the 2025-2026 school year, my  **SPOUSE**  **CHILD** will be attending college and receiving Financial Aid (loans, grants, work study, and/or scholarships) which will be used to pay for living expenses. **Name of spouse/child attending college** \_\_\_\_\_ **College Name:** \_\_\_\_\_

My household (student/spouse/dependents only) is currently receiving and will continue receiving one or more of the following to pay for living expenses (rent, utilities, food, transportation, etc.) during 2025-2026. (Check all appropriate items):

<input type="checkbox"/> DSHS/Welfare	<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Supplemental Security Income (SSI Disability)
<input type="checkbox"/> Social Security (UNTAXED/not included on Tax Return)		<input type="checkbox"/> Social Security Disability Insurance (SSDI)	
<input type="checkbox"/> BAH/Military Housing	<input type="checkbox"/> Combat Pay	<input type="checkbox"/> Other State or Federal Assistance _____	

None of the above applies.

**Section E: Check one option and follow directions.**

**Option 1: My 2024 income reflects my current circumstances. Please use my 2024 tax return for my 2025/2026 financial aid information. I am attaching a tax transcript or a SIGNED copy my 2024 taxes (including all W2s) and listing all 2024 untaxed income here:**

Child Support received in 2024: \$ \_\_\_\_\_

Total other untaxed income received in 2024 \$ \_\_\_\_\_ (See Category 2 below, list sources)

**Option 2: Please use my income for the last 6 months to recalculate my Student Aid Index (SAI) for the 2025/2026 academic year. \*\*If choosing this option, complete all items below. Where the answer is "none", enter "0". Leaving blanks may delay processing of your request. Attach copies of supporting documents (example: YTD pay stubs, Unemployment stubs, SSI/L&I benefit letters).**

<b>Instructions:</b> Please use whole dollar amounts. Do not include cents. <b>Note: Remember to attach the extenuating circumstance letter and supporting documentation.</b>	<b>Income from the last 6 months to present</b>	<b>Six months estimation FAID OFFICE USE ONLY</b>	<b>THIS COLUMN IS FOR FAID OFFICE USE ONLY</b>
<b>Category 1 - Taxable Income:</b>			<b>TOTAL</b>
Student's gross income from <b>work</b> : (Do not include work-study.)	\$	\$	\$
Spouse's gross income from <b>work</b> : (Do not include work study.)	\$	\$	\$
<b>***Unemployment</b> Benefits - Student	\$	\$	\$
<b>***Unemployment</b> Benefits - Spouse	\$	\$	\$
Other taxable income – total for student/spouse: (interest, dividends, rental income, alimony, capital gains etc.) Source: _____	\$	\$	\$
<b>Category 2 - Non-taxable Income:</b>			\$
Child support <b>received</b> :	\$	\$	\$
All other untaxed income and benefits <b>NOT</b> listed in Section C: (example: DVR, workers compensation/L & I, Veterans non-education benefits, disability income other than SSI/SSDI, etc.) <b>list source below:</b> _____	\$	\$	\$

<b>For Office Use Only:</b> ___ Approve ___ Deny Initials: _____ Process date: _____ Professional Judgment used due to: ___ Projected income better reflects circumstances. ___ Expenses affect ability to contribute ___ other: _____	<b>For Office Use Only</b> Prior TR/EFC ___/_____ New TR/EFC ___/_____   
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