

**2026-2027
REVISION REQUEST
STUDENT**

EWV152

DUE TO DECREASE IN RESOURCES OF STUDENT OR SPOUSE

Section A: STUDENT INFORMATION (please print)

Last Name	First Name	MI	ID#: _____ <small>ctcLink ID required</small>
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 2025 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.

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 2026-2027 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 2026-2027. (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 2025 income reflects my current circumstances. Please use my 2025 tax return for my 2026/2027 financial aid information. I am attaching a tax transcript or a SIGNED copy my 2025 taxes (including all W2s) and listing all 2025 untaxed income here:

Child Support received in 2025: \$ _____

Total other untaxed income received in 2025 \$ _____ (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 2026/2027 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).****

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

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