

Lakeland ID Number (LID)

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Last Name: _____

First Name: _____

If you and/or your family have undergone a significant change in your financial situation for the financial aid year, Lakeland's Financial Aid Office is given authority by federal regulations to adjust information you submitted on your Free Application for Federal Student Aid (FAFSA) on a case-by-case basis. If anything additional is needed, you will be notified via your Lakeland student email.

A. Letter of Explanation

Attach an explanation that details the unusual or special circumstance that you were unable to address on your FAFSA. Please be as descriptive as possible. Make sure the explanation has the student's name and Lakeland ID Number (LID) at the top. Requests will not be considered without a written statement.

B. Supporting Documentation (required for all review requests unless otherwise noted in Section C); missing or incomplete information will delay processing.

- ☐ 2022 signed Federal Tax Return (signed 1040 form) or Tax Return Transcript (free from the IRS) for student/spouse. **Do not send 2023 documents!**

Required for ALL review requests unless noted below. Requests will not be considered without this information.

- ☐ Check this box if you have previously submitted this document to our office for verification, etc.
- ☐ 2022 signed Federal Tax Return or Tax Return Transcript (1040) for parent(s). **Do not send 2023 documents!**
Required for ALL review requests for dependent students unless noted below. Requests will not be considered without this information.
- ☐ Check this box if you have previously submitted this document to our office for verification, etc.
- ☐ 2022 W-2(s) for student/spouse. Required for ALL review requests unless noted below. **Do not send 2023 documents!**
- ☐ 2022 W-2(s)/Schedule C/C-EZ for parent(s) of dependent students. Required for ALL review requests for dependent students unless noted below. **Do not send 2023 documents!**

C. Specific Supporting Documentation Required Based on your Situation (check all that apply and submit documentation for your current financial situation):

- ☐ Involuntary separation from employment or ☐ Involuntary loss of income
Effective date (do not submit until at least 8 weeks have passed): _____
- ☐ Letter from previous employer (on company letterhead) indicating start and end dates and year-to-date (YTD) earnings
- ☐ Copy of most recent pay stub showing YTD earnings for the person(s) whose income was reduced or 2022 W-2(s) when available
- ☐ Statement of unemployment benefits (if received)
- ☐ Separation or Divorce or ☐ Death of spouse or parent ****Only used if both parents' information is reported on current FAFSA**
Effective date: _____
- ☐ Appropriate court documents indicating date of separation or divorce or death certificate
- ☐ Medical Expenses in 2024 **not paid by insurance**
☐ Signed and dated summary totaling those expenses not covered by insurance in 2024. Expenses must have occurred in 2024.
- ☐ Loss of Child Support (*Tax Return Transcripts/W-2(s) not required*)
Effective date: _____
- ☐ Expected amount in 2024 for all children in household
- ☐ Copy of court/legal documentation that shows date child support payments have ceased or will cease
- ☐ Other, please describe in detail in a written statement and submit supporting documentation.

D. Projected Income

Enter "0" or "N/A" where appropriate. *Do not leave any item blank. Do not include Social Security Income or Disability Benefits.*

If you are submitting this request in 2024, project 2024 information. If you are submitting in spring 2025, submit 2024 information. Be sure to submit documents that support your projections.

	Student	Spouse (if applicable)	Parent 1	Parent 2
Name of parent 1, parent 2 according to your FAFSA				
Wages, tips, salaries. The amount(s) listed should ONLY be income from work. DO NOT include SSI, disability, etc.				
Severance Pay				
Separation Bonus				
Total Expected Annual Income				

E. Household Information

Dependent students: List the people in your parents' household, excluding foster children. Include yourself, the parent(s) with whom you live, your parents' other children and other people if your parents will provide more than half of their support between 7/1/24-6/30/25. If anyone will be enrolled at least half-time in a degree or certificate program between 7/1/24-6/30/25, include the name of the school they will be attending.

Independent students: List the people in your household, excluding foster children. Include yourself, your spouse, if married, your children and other people if you will provide more than half of their support between 7/1/24-6/30/25. If anyone will be enrolled at least half-time in a degree or certificate program between 7/1/24-6/30/25, include the name of the school they will be attending. If more space is needed, continue this table on a separate page with the student's name and Lakeland ID Number (LID) at the top. Requests will not be considered without a written statement.

Full Name	Age	Relationship to Student
		Self

F. Statement of Certification:

Each person signing this form certifies that all the information reported on it is complete and accurate. Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Electronic signatures will not be accepted.

Student's Signature: _____ Date: _____

Parent's Signature (*Dependent Students only*): _____ Date: _____

Complete this form and return:*

- By Fax:** 440.525.7704
- By Mail:** Lakeland Community College • 7700 Clocktower Drive • Kirtland, OH 44094-5198
- By [Secure Upload](https://lakelandcc.edu/financialaid):** Visit lakelandcc.edu/financialaid • Under RelatedLINKS (right side of page), select Financial Aid Documents Secure Upload link (myLakeland login credentials required)
- In Person:** Lakeland Student Service Center • located in Building A-1003

**Please do not send documents through email as it is not secure.*