Kankakee Community College

2026-2027 Cost of Attendance Adjustment Request Form
Independent Student

OFFICE OF FINANCIAL AID
100 College Drive • Kankakee, IL 60901-6505 • (815) 802-8550 • FAX: (815) 802-8551

Federal Student Aid Regulations provide the potential for reevaluation if your financial circumstances change. The 2024 income information that you reported on your financial aid application may not be an accurate indicator of your ability to pay for educational costs. You (or your spouse) must meet one of the circumstances listed below to qualify for reevaluation of your financial aid eligibility. Submission of this form does not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis.

STEP 1: Student Information

Name_____ Date_____
Last First M.I.

Permanent Address_____

Student ID Number_____ Phone Number _____

Select Reason for Requesting a Cost of Attendance adjustment and provide the required documentation.

☐ **A.** You (or your spouse) paid (not owed) a large amount of medical and/or dental expenses in 2024.
Required Documentation: Medical Expenses Paid in 2024 $_____
1. Copy of your 2024 Federal Income Tax Schedule A if expenses were itemized (excluding insurance premiums paid)
2. Copies of medical and dental payments not covered by insurance that were paid in 2024.

☐ **B.** Your additional family members in college create financial hardship for your family.
Required Documentation:
1. Copy of the offer letter for family member(s) in college. The letter should include the Cost of Attendance, and any financial aid awarded.
2. Copy of the family member(s) registration statement.
3. In your personal statement below, please include your relationship with the family member(s) that are in college.

☐ **C.** You (or your spouse) paid for elementary or secondary education expenses OR dependent care expenses.

Required Documentation:

1. In your personal statement, explain why these expenses are necessary and what sources will finance these expenses. Also, explain if these expenses will be reimbursed by another source.
2. In the table below, list family members and the amount of relevant support given for each.

Name of Supported Family Member	Age	Relationship	Child Care Expense	Elementary Education Expense	Secondary Education Expense	Dependent Care Expense

Personal Statement- Explain your circumstances in detail. If more space is needed, please attach an additional page that is signed.

Independent Student's Family Size

Family Size- Includes the following:

- **Yourself**
- **Your spouse**, if you are married
- **Your dependent children if the following are true:**
    - They live with you (or live apart because of college enrollment).
    - They receive more than half of their support from you.
    - They will continue to receive more than half their support from you during the award year.
- **Other persons if the following are true:**
    - They live with you.
    - They receive more than half of their support from you.
    - They will continue to receive more than half their support from you during the award year.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, the student should not include any unborn children in the family size.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship
		Self

STEP V: Read, Sign, and Return to the Kankakee Community College Office of Financial Aid

Certification: All of the above information on this form and attached documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give additional proof of the information that I have given on this form. I realize that this proof may include a copy of a federal or state tax return. I also realize that if I do not give proof when asked, the Income Adjustment will not be reviewed.

Student Signature _____ Spouse Signature_____

Date _____

OFFICE USE ONLY

☐ Approved ☐ Denied Date _____ Staff Signature _____

Reason for Approval/Denial _____