Office of Financial Aid | 9000 Babcock Blvd. | Pittsburgh, PA 15237 Phone: 412-536-1125 | Fax: 412-536-1072 | E-mail: finaid@laroche.edu

2025-26 Parent Special Consideration Form

Instructions for Parents:

documentation, if requested.

The formula used to determine eligibility for federal financial aid is based in part on your **2023** income. If you, the parents, have experienced a significant reduction in your **2024 or 2025** income, you may request a review of your student's financial aid file. All requests for further consideration must be fully documented. Priority will be given to students whose parents experience drastic changes in their circumstances. All requests will be reviewed by the Financial Aid Office and the acceptance or denial of this request will be sent under separate cover **within 3 weeks from the date this form is received.**

tudent Name:	SS# or ID:	
Reduction in income occurred in (check one): Actual date of change: Reason for reduction:		
For a reduction in 2023, attach a signed, photo-copy	of your 2023 Federal Income T	ax Return.
• For a reduction in 2025 , complete the section below and list the amounts of all income actually received <u>and</u> all income anticipated to be received from January 1, 2025 through December 31, 2025. Add the actual and anticipated amounts together. Do not list weekly or monthly amounts. Attach copies of most recent pay stubs or other documentation to support your calculations to this form and return to the Financial Aid Office. INCOMPLETE OR BLANK FORMS WILL BI RETURNED.		
TAXABLE INCOME	FATHER	MOTHER
Wages, Salaries, Tips, etc.		
Interest and Dividend Income		
Alimony		
Business Income or Loss		
Capital Gain or Loss		
Taxable IRA's, Pensions, etc.		
Rental Income, Royalties, etc.		
Unemployment Compensation		
1 7 1		
Other Taxable Income:		
1 0 1		
Other Taxable Income:		
Other Taxable Income: NONTAXABLE INCOME		
Other Taxable Income: NONTAXABLE INCOME Social Security Benefits		
Other Taxable Income: NONTAXABLE INCOME Social Security Benefits Untaxed Portion of Pension/Annuity		
Other Taxable Income: NONTAXABLE INCOME Social Security Benefits Untaxed Portion of Pension/Annuity Retirement/Disability Benefits		
Other Taxable Income: NONTAXABLE INCOME Social Security Benefits Untaxed Portion of Pension/Annuity Retirement/Disability Benefits Workers' Compensation		

I certify that the above information is correct and complete to the best of my knowledge. I agree to provide additional

Date:

Parent's Signature: