2018-2019 Professional Judgment on Income

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Student's Name: _____ **SSN:** _____

Complete Address: _____

Email Address: _____

Telephone #: _____ **Date of Birth:** _____

The East Central College Financial Aid Office understands that total household income and household size changes may occur from year to year. Changes to income and household size (among other changes) may affect the original results of the student's 2018-2019 Free Application for Federal Student Aid (FAFSA). Federal Regulations allow ECC to review unusual circumstances on a case-by-case basis, and allow limited adjustments to be made to the original financial data reported on the FAFSA; consequently, the amount and types of financial aid the student is eligible to receive may change. This form is used for reporting significant changes that have occurred. Action will be taken when the Financial Aid Office receives **all** required documentation, including the 2018-2019 FAFSA results. Only under limited circumstances may adjustments occur to a student's financial aid package or expected family contribution, and all adjustments are made at the discretion and professional judgment of the ECC Financial Aid Office. Changes resulting from this review **do not guarantee** an increase in financial aid.

To ensure consideration of this unusual circumstance appeal, ECC will complete a full verification of all data. Upon receipt, the information will be evaluated to determine the student's eligibility for financial aid. An email will be sent to notify the student of the results of this evaluation (Please allow 2 - 4 weeks for review and notification).

Students should be aware that ECC is not required to offer unusual circumstances appeals; therefore, if the financial aid administrator determines that an appeal is not appropriate, the decision cannot be appealed.

If the student is selected for verification – that process must be completed <u>before</u> any adjustments can be applied.

1) **Check the family member that experienced the unusual circumstance:**
   □ Father/Step-father   □ Mother/Step-mother   □ Student   □ Student's Spouse

2) **Each Unusual Circumstances Appeal must include the following information for consideration:**
   □ This form, completed, signed and dated by student and the spouse or parent (if applicable);
   □ Personal letter signed and dated by the student and the spouse or parent (if applicable) describing the situation, timeline of employment and/or events and future plans; and,
   □ 2017 Federal Tax Returns and W2's

3) **Review the reasons listed below, check all that apply, submit all required documentation:**

Check all that apply	REASON	REQUIRED DOCUMENTATION

□	**Loss of Employment**
	
	DO NOT FORGET ITEMS IN #2
		✓ Letter or notification from employer concerning loss of job – if this occurred during **2017**.
		✓ Copy of **2017** W2's from <u>every employer</u> during **2017**.
		✓ Did you cash out any retirement funds (401K; Pension) during **2017**?
		  □ Yes – Provide documentation and amount
		  □ No
		✓ Was there a severance package?
		  □ Yes - Provide documentation and amount (amounts that are included on your **2017** taxes)
		  □ No
		✓ Were there any paid Unemployment Benefits in **2017**?
		  □ Yes – Provide documentation of approval and amount (printout showing unemployment payments during **2017**)
		  □ No – Provide documentation
		✓ Attach documentation for any other source of income (business; farm; in-kind support; etc.) during **2017**

□	**Reduction in Income** (Was your total income less in **2017** than what was reported on your **2016** tax return?) ***DO NOT FORGET ITEMS IN #2***	✓ Letter or notification from employer addressing the change in job status. ✓ Copy of current **2017** pay stub reflecting year to date income. ✓ Copy of your signed **2017** Federal Tax returns and W2's. ✓ In your personal letter, you must include your new salary or hourly wage and your hours schedule per week

☐	**Separation or Divorce** (Only if you have done so since you filed the 2018-2019 FAFSA or if you have filed a joint tax return)
	
	 DO NOT FORGET ITEMS IN #2
		☐Separation
		 1. Date of legal separation: _____
		 2. Physical address for each person involved in the separation:
		   a. Person #1-Name/Address: _____
		   b. Person #2-Name/Address: _____
		 3. In your personal letter also include a list of current household members, relationship to student and their age
		 4. Attach any legal documents/letters relating to this separation.
		 ☐ Divorce
		 1. Attach a copy of divorce decree
		 2. In your personal letter also include a list of current household members, relationship to student and their age

☐	**Reduction or Loss of Untaxed Income and/or Benefits** ***DO NOT FORGET ITEMS IN #2***	**☐Unemployment Benefits**: ✓ Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received. **☐Child Support** ✓ Attach a copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received. ✓ Attach a copy of the divorce decree **☐Social Security** ✓ Attach a copy of the notification you received concerning your loss of social security income stating the benefit ending date and monthly amount received. **☐Other: Please specify:** ✓ Attach supporting documentation from the resource, describing the benefit, the timeline it was received, the reason/s it is no longer available, the ending date and monthly amount received.

☐	**Reduction Due to Death of a Parent or Spouse**
	
	 DO NOT FORGET ITEMS IN #2
		✓ A copy of the death certificate, or obituary notice.
		 ✓ Are there survivor benefits (social security, life insurance, etc.)?
		   ☐Yes - Provide documentation
		   ☐No - Provide statement in your letter indicating no benefits are to be received.

4) Please indicate your 2017 Actual Income:

Type of Income	TOTAL income for 2017
Income From Work	$
Unemployment Compensation/Severance	$
Other Untaxed Income: (This includes disability, child support, welfare benefits, social security, alimony annuities, pension, capital gains, dividends, etc.) Specify: _____	$

Mail all documents to:
East Central College
Attn: Financial Aid Director
1964 Prairie Dell Road
Union, Missouri 63084

If you have any questions, please call (636) 584-6575 or (636) 584-6588

By signing this form, I agree to provide information that will verify the accuracy of my information, if requested. If I purposely give false or misleading information, I will be referred to the United States Department of Education's Inspector General. If I purposely give false or misleading information in order to qualify for Title IV funds, I may be fined $20,000, sent to prison, or both.

Student Signature: _____ Date: _____

Spouse's or Parent's Signature: _____ Date: _____

For office use only:

☐**Approved** ☐**Denied**   Reason: _____

Student: 2017 AGI _____   2017 Taxes Paid _____   2017 Untaxed Income _____

Parent: 2017 AGI _____   2017 Taxes Paid _____   2017 Untaxed Income _____

ISIR Trans# ____ Old EFC _____ New EFC _____ FAA Signature/Date: _____