

**Reduction in Income** 

return?)

(Was your total adjusted gross income less in

2018 than what was reported on your 2017 tax

\*DO NOT FORGET ITEMS IN #2\*

## 2019-2020 Professional Judgment on Income

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Studen	t's Name:	SSN:
Email A	Address:	
Telephone #:		Date of Birth:
Changes Student A made to the change. The required aid packata	to income and household size (among of Aid (FAFSA). Federal Regulations allow the original financial data reported on This form is used for reporting signification documentation, including the 2019-20	understands that total household income and household size changes may occur from year to year. other changes) may affect the original results of the student's 2019-2020 Free Application for Federal ow ECC to review unusual circumstances on a case-by-case basis, and allow limited adjustments to be the FAFSA; consequently, the amount and types of financial aid the student is eligible to receive may cant changes that have occurred. Action will be taken when the Financial Aid Office receives all 2020 FAFSA results. Only under limited circumstances may adjustments occur to a student's financial all adjustments are made at the discretion and professional judgment of the ECC Financial Aid Office. rentee an increase in financial aid.
be evalua		nstance appeal, ECC will complete a full verification of all data. Upon receipt, the information will be for financial aid. An email will be sent to notify the student of the results of this evaluation (Please
	should be aware that ECC is not require not appropriate, the decision cannot be	red to offer unusual circumstances appeals; therefore, if the financial aid administrator determines that are appealed.
If the stu	dent is selected for verification – that	process must be completed <u>before</u> any adjustments can be applied.
1)	· ·	hat experienced the unusual circumstance: ther/Step-mother
	□This form, completed, signed and dat □Personal letter signed and dated by th and/or events and future plans; and, □2018 Federal Tax Returns and W2's	
		elow, check all that apply, submit all required documentation:
Check all that apply	REASON	REQUIRED DOCUMENTATION
	*DO NOT FORGET ITEMS IN #2*	<ul> <li>✓ Letter or notification from employer concerning loss of job – if this occurred during 2018.</li> <li>✓ Copy of 2018 W2's from every employer during 2087.</li> <li>✓ Did you cash out any retirement funds (401K; Pension) during 2018?         <ul> <li>□Yes – Provide documentation and amount</li> <li>□No</li> </ul> </li> <li>✓ Was there a severance package?         <ul> <li>□Yes - Provide documentation and amount (amounts that are included on your 2018 taxes)</li> </ul> </li> </ul>

Were there any paid Unemployment Benefits in 2018?

Copy of your signed 2018 Federal Tax returns and W2's.

payments during **2018**)

□No – Provide documentation

schedule per week

□Yes – Provide documentation of approval and amount (printout showing unemployment

✓ In your personal letter, you must include your new salary or hourly wage and your hours

Attach documentation for any other source of income (business; farm; in-kind support; etc.) during 2018

		ECC Student ID #		
	Separation or Divorce (Only if you have done so since you filed the 2019-2020 FAFSA or if you have filed a joint tax return)	□Separation  1. Date of legal separation:  2. Physical address for each person involved in the separation:  a. Person #1-Name/Address:		
	*DO NOT FORGET ITEMS IN #2*	<ul><li>b. Person #2-Name/Address:</li><li>3. In your personal letter also include a list of current household members, relationship to student and their age</li></ul>		
		<ul> <li>4. Attach any legal documents/letters relating to this separation.</li> <li>Divorce</li> <li>1. Attach a copy of divorce decree</li> </ul>		
		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	□Unemployment Benefits:  ✓ Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received.		
	*DO NOT FORGET ITEMS IN #2*	□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*	<ul> <li>✓ A copy of the death certificate, or obituary notice.</li> <li>✓ Are there survivor benefits (social security, life insurance, etc.)?</li> <li>□ Yes - Provide documentation</li> <li>□ Provide statement in your letter indicating no benefits are to be received.</li> </ul>		
Do Not Forger Hews 10.42. □No - Provide statement in your letter indicating no benefits are to be received.  4) Please indicate your 2018 Actual Income:				
Type of Income  TOTAL income for 2018				
	From Work  Dyment Compensation/Severance	\$ \$		
Other Ur	ntaxed Income: cludes disability, child support, welfare benefi	s, social security, alimony annuities, pension, capital gains, dividends,		
Mail all de annuente de la				
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:				
Stude	nt: 2018 AGI 20	18 Taxes Paid 2018 Untaxed Income		
Paren	t: 2018 AGI 20	18 Taxes Paid 2018 Untaxed Income		
ISIR Tr	rans# Old EFC New EFC	FAA Signature/Date:		