



# 2025-2026 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 2025-2026 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 2025-2026 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 before any adjustments can be applied.**

**1) Check the family member that experienced the unusual circumstance:**

☐ Father/Step-father/Contributor    ☐ Mother/Step-mother/Contributor    ☐ Student    ☐ Student's Spouse/Contributor

**2) Each Unusual Circumstances Appeal must include the following information for consideration:**

- ☐ This form, completed, signed, and dated by student and the spouse/contributor or parent/contributor (if applicable); and  
☐ Personal letter signed and dated by the student and the spouse/contributor or parent/contributor (if applicable) describing the situation, timeline of employment and/or events and future plans; and,  
☐ 2023 Federal Tax Returns and W2's

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


## Income Reduction Reason(s)

Check all that apply	REASON	REQUIRED DOCUMENTATION
<input type="checkbox"/>	<b>Loss of Employment</b>  <b>*DO NOT FORGET ITEMS IN #2*</b>	<ul style="list-style-type: none"> <li>✓ Letter or notification from employer concerning loss of job, if occurred during 2024</li> <li>✓ Copy of 2024 W-2's from every employer</li> <li>✓ Did you cash out any retirement funds (401K, Pension, etc.) during 2024? <ul style="list-style-type: none"> <li>○ If yes, provide documentation and amount</li> </ul> </li> <li>✓ Was there a severance package? <ul style="list-style-type: none"> <li>○ If yes, provide documentation and amount (amounts that are included on your 2024 taxes)</li> </ul> </li> <li>✓ Were there any paid Unemployment Benefits in 2024? <ul style="list-style-type: none"> <li>○ If yes, provide documentation of approval and amount (printout showing unemployment payments during 2024)</li> <li>○ If no, provide documentation</li> </ul> </li> <li>✓ Attach documentation for any other source of income (business, farm, in-kind support, etc) during 2024</li> </ul>

<input type="checkbox"/>	<b>Reduction in Income</b> (Was your total adjusted gross income less in <b>2024</b> than what was reported on your <b>2023</b> tax return?)  <b>*DO NOT FORGET ITEMS IN #2*</b>	<input checked="" type="checkbox"/> Copy of your signed 2024 Federal Tax returns and W-2's <input checked="" type="checkbox"/> In your personal letter, you must include your new salary or hourly wage and your hours scheduled per week
<input type="checkbox"/>	<b>Separation or Divorce</b> (Only if you have done so since you filed the 2025-2026 FAFSA or if you have filed a joint tax return)  <b>*DO NOT FORGET ITEMS IN #2*</b>	<input type="checkbox"/> <b>Separation</b> <ol style="list-style-type: none"> <li>1. Date of legal separation:</li> <li>2. Physical address for each person involved in the separation             <ol style="list-style-type: none"> <li>a. Person #1- Name/Address:</li> <li>b. Person #2 -Name/Address:</li> </ol> </li> <li>3. In your personal letter also include a list of current household members, relationship to student and their age</li> <li>4. Attach any legal documents/letters relating to this separation</li> </ol> <input type="checkbox"/> <b>Divorce</b> <ol style="list-style-type: none"> <li>1. Attach a copy of divorce decree</li> <li>2. In your personal letter also include a list of current household members, relationship to student and their age</li> </ol>
<input type="checkbox"/>	<b>Reduction or Loss of Untaxed Income and/or Benefits</b>  <b>*DO NOT FORGET ITEMS IN #2*</b>	<input type="checkbox"/> <b>Unemployment Benefits</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received</li> </ul> <input type="checkbox"/> <b>Child Support</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Attach a copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received</li> <li><input checked="" type="checkbox"/> Attach a copy of the divorce decree</li> </ul> <input type="checkbox"/> <b>Social Security</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Attach a copy of the notification you received concerning your loss of social security income stating the benefit ending date and monthly amount received</li> </ul> <input type="checkbox"/> <b>Other: Please Specify</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 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</li> </ul>
<input type="checkbox"/>	<b>Reduction Due to Death of a Parent or Spouse</b>  <b>*DO NOT FORGET ITEMS IN #2*</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Copy of the death certificate or obituary notice</li> <li><input checked="" type="checkbox"/> Are there survivor benefits (social security, life insurance, etc.)?             <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes – Provide documentation</li> <li><input type="checkbox"/> No – Provide statement in your letter indicating no benefits are to be received</li> </ul> </li> </ul>

### Extraordinary Expense(s)

Check all that apply	REASON	REQUIRED DOCUMENTATION
<input type="checkbox"/>	<b>Medical / Dental</b> (Insurance premiums and expenses covered by insurance may <u>not</u> be included in this total)  <b>*DO NOT FORGET ITEMS IN #2*</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Copies of you and your parents Schedule A of the 2023 Federal Income Tax Return</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Copies of PAID receipts of canceled checks incurred throughout 2023</li> </ul>
<input type="checkbox"/>	<b>Elementary &amp; Secondary Tuition Payments</b>  <b>*DO NOT FORGET ITEMS IN #2*</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Signed statement, payment summary, or billing detail from elementary or secondary school stating tuition paid or to be paid for the 2025-2026 academic year minus any waiver, discount, or financial aid</li> </ul>
<input type="checkbox"/>	<b>Other Members of Household in College</b>  <b>*DO NOT FORGET ITEMS IN #2*</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Include a signed statement, payment summary, or billing detail from the college(s), stating tuition paid or to be paid for the 2025-2026 academic year minus any waiver, discount, or financial aid</li> </ul>

	<b>Childcare / Daycare Payments</b>  <b>*DO NOT FORGET ITEMS IN #2*</b>	<ul style="list-style-type: none"> <li>✓ Include a signed statement, payment summary, or billing detail from childcare provider stating weekly childcare fee, amount subsidized by scholarship or State and/or Federal Assistance programs, and the final weekly fee amount paid by the parent</li> <li>✓ Indicate the first date your child was enrolled _____</li> </ul>
--	---	--

**4) Please indicate your 2024 Actual Income:**

Type of Income	TOTAL income for 2024
Income From Work	\$ _____
Unemployment Compensation/Severance	\$ _____
Other Untaxed Income: (Including 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, MO 63084**  
**Fax: 636-583-6651**  
**Email: [finaid@eastcentral.edu](mailto:finaid@eastcentral.edu)**

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

By signing this form, I (we) agree to provide information that will verify the accuracy of my information, if requested. I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I am responsible for notifying the Student Financial Aid Office of any changes. I also agree to provide additional proof of the information given if requested by Student Financial Aid. I understand that if the information is incomplete or lacks the required documentation, no action will be taken. If I purposely give false or misleading information, I will be referred to the United States Department of Education's Inspector General. I understand that giving false or misleading information can result in a fine, jail sentence, or both.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Contributor or Spouse/Contributor Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> Reason: _____				
Student:	2024 AGI _____	2024 Taxes Paid _____	2024 Untaxed Income _____	
Parent:	2024 AGI _____	2024 Taxes Paid _____	2024 Untaxed Income _____	
ISIR Trans#	____ Old SAI _____	New SAI _____	FAA Signature/Date: _____	