

2018-2019 CHANGE IN FINANCIAL SITUATION

(Summer Term 2018 – Spring Term 2019)

Instructions

You may only request special consideration of your financial aid eligibility based on changes in your or your parent's circumstances that have reduced your ability to contribute financial support for your educational costs with a noted decrease of \$1,000 or more.

Submit this form only after you have received your financial aid offer. Submitting this request does not guarantee a change in aid.

Complete and submit all required documentation to the CCC Office of Financial Aid and Scholarships. Incomplete requests will be denied. Information you reported in error on your 2018-2019 Free Application for Federal Student Aid (FAFSA) will be corrected prior to evaluation of this request. As a result of this request your aid eligibility may be increased, reduced, or stay the same. We will make every effort to review this request within two weeks; however, review may take longer during peak processing times.

Student Information

Student Last Name	Student First Name	M.I.
Student ID#	Date of Birth	

Reason for Change in Financial Situation (check one):

Significant reduction in income since 2016 (select one):			
	Loss of employment*	\$	Complete page two with yearly totals
	Loss of taxed or untaxed income or benefits*	\$	Complete page two with yearly totals
	Separation, divorce, or death	\$	Complete page two with yearly totals
	Paid Medical care expenses	\$	Complete page two with yearly totals

*Ten weeks must have passed before submitting this appeal for loss of income or benefits.

For all requests you must submit:

- A copy of your and your parents (if dependent student) **2016** Federal Tax Transcript and 2016 W-2's
- A copy of your and your parents (if dependent student) **2017** Federal Tax Transcript & 2017 W-2's
- A typed and signed personal statement from you or/and your parents explaining the situation
- Documentation as required on page 3 of this request

Certification

To the best of my knowledge, the information in this request is true. I understand that misrepresentation of facts in connection with this request whenever discovered may be sufficient cause in and of itself for cancellation and repayment of financial aid. I understand that my federal tax return information will be used to verify the current financial aid application information and that I may be selected for institutional verification in the following aid year.

 Student Signature

 Date

 Parent Signature

 Date

Student ID _____

INCOME INFORMATION

You must provide additional documentation to support the estimates below. Report gross income (i.e. before taxes) and estimate income for the remaining months of 2018 if the year has not ended. Round all figures to the nearest dollar and do not leave any boxes blank. If there is no income for a category, write in "0".

	2017 full year amount	2018 full year amount
Parent 1 Income from work	\$	\$
Parent 2 Income from work	\$	\$
Student Income from work	\$	\$
Spouse Income from work	\$	\$
Unemployment Benefits	\$	\$
Other Income (please specify type(s)):	\$	\$

*******FINANCIAL AID OFFICE USE ONLY*******

Decision: _____ Approved _____ Denied

Action: _____

Committee Members: _____

Processed by: _____

REQUIRED DOCUMENTATION

- Loss of Employment:**
- Copy of notice of separation from the employer showing employment status, date of termination, or hours reduced, year to date gross earnings, and whether severance benefits were received and if so how much (voluntary separation from employment does not qualify as “loss of employment”) -OR- A statement from your current/future employer, if any, reporting expected estimated earnings for the rest of 2018 -AND-
 - Documentation of Unemployment benefits: Print out from UI website showing all payments made. Claim start date, total award amount, weekly payment, and balance remaining on account. This can be printed directly from the UI website. -AND-
 - Complete Income Information Section
- Loss of Taxed or Untaxed Income or Benefit:**
- Copies of the termination notice from the granting agency/company, court order, or document from caseworker -AND-
 - Complete Income Information Section
- Separation, Divorce, or Death:**
- A photocopy of death certificate/obituary in case of death of a parent or spouse
 - A copy of legal separation papers or divorce decree
 - If no legal separation exists, provide evidence of separate living accommodations such as driver’s licenses, rental/lease agreements, mortgage papers, voter registration cards, or copies of utility bills for separate residences -AND-
 - Complete Income Information Section
- Medical Care Expenses:**
- Expenses must be greater than 11% of your adjusted gross income
 - Copies of receipts, canceled checks, or other proof of payment must accompany billing statements for all appropriate bills; Alternately, you may submit a copy of Schedule A from your federal tax return as documentation of paid medical expenses
 - Billing statements must clearly indicate portions that have been paid by your insurance or other agency
 - We will only consider expenses already paid directly by you or your parents
 - We assume that you will have medical coverage and only those costs not covered by insurance or other agencies will be considered -AND-
 - Complete Income Information Section