



EAST CENTRAL

COMMUNITY COLLEGE

FINANCIAL AID OFFICE, P O BOX 129, DECATUR, MS 39327

2024

REQUEST TO RE-EVALUATE FINANCIAL AID ELIGIBILITY UNDER SPECIAL CIRCUMSTANCES (FINANCIAL SITUATIONS)

2025

Student's Name: _____ ECCC ID #: _____

If your, your spouse's, or your parents' financial situation has changed significantly since you filed for financial aid, provide additional information and documentation. Information from this form, supporting documentation you provide, and data in your financial aid file will be reviewed to determine if your request can be considered. **If this form and/or documentation is incomplete, your file will not be processed.**

Note: If you are filing for financial aid as a dependent student, you will include information about yourself and your parent(s). If you are filing for financial aid as an independent student, you will include information about yourself and/or your spouse.

SECTION I: REASONS FOR INCOME CHANGE

A. INCOME REDUCTION

If your income and/or your spouse's or parents' income will be less in 2024 than in 2022 for any of the reasons listed in the box below under the heading "Reason for change," you **MUST**

1. **complete the requested information below;**
2. **complete the estimated income chart for January, 2024 to December, 2024 in Section II; and**
3. **ATTACH DOCUMENTS PROVING INCOME** (*example - last check stub showing year-to-date earnings, etc.*)

Reason for change	Date of change	Person(s) with change
Unemployment		
Change in employment: Explain _____ _____		
You and/or your spouse/parents received a one-time payment (i.e. inheritance, lump sum retirement or IRA distribution, gambling winnings, etc.). If it was an IRA distribution that was a rollover into a new retirement account, please check here _____ and submit proof of the rollover. You must attach a separate sheet that identifies the source of the one-time income.		
Loss of employment compensation or untaxed income or benefit (<i>such as child support, workers' compensation, disability, etc.</i>). List lost benefit(s) _____		
Divorce/separation (after filing FAFSA)		
Death of spouse or parent (after filing FAFSA)		
Disability of student, spouse, or parent		

B. UNUSUAL MEDICAL AND DENTAL EXPENSES

Complete this section to report unusual medical and dental expenses. Documentation **MUST** be provided.

Expenses	Actual 2022 Amount	Estimated 2024 Amount
Medical/Dental Insurance Premiums (<i>Do NOT include employers contribution</i>)		

Medical/Dental expenses <u>paid</u> during the year (Do NOT include amount paid by insurance)		
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C. OTHER UNUSUAL CIRCUMSTANCES

If you have experienced a significant change in your or your parents' financial situation that did not result from one of the conditions listed in Section A or B (for example payment of tuition to an elementary or secondary school), you must clearly define the change in financial circumstances.

1. Attach a statement and provide full supporting documentation.
2. Complete the estimated income chart below for January, 2024 to December, 2024.

SECTION II: ESTIMATED INCOME INFORMATION CHART

Those who had changes as identified in Section I: A or C must complete this chart. Use the information below to determine whose information is required in the following chart.

- * If you are divorced or separated give only your information.
- * If your parents are divorced or separated give only the information of the custodial parent and/or stepparent.
- * If the loss of income was due to the death of your spouse give only your information.
- * If the loss of income was due to the death of your parent give only the information of your surviving parent.

ESTIMATED ANNUAL INCOME FOR JANUARY, 2024 TO DECEMBER, 2024**

****NOTE: ATTACH DOCUMENTS** proving income such as last check stub AND a STATEMENT showing how the ESTIMATED AMOUNT was calculated.

INCOME TYPE	STUDENT	SPOUSE	FATHER	MOTHER
Wages, salaries, tips				
Other taxable income (including unemployment compensation)				
Payments to tax-deferred pension & savings plans				
IRA distributions or pensions				
Child support received (total for all children)				
Other untaxed income (such as tax exempt interest income, disability, etc.) List type(s) _____ _____				
TOTAL ESTIMATED INCOME				

CERTIFICATION: All the information provided by me or any other person on this form and attached documentation is true and complete to the best of my knowledge. If asked, I agree to give proof of the information I have given. I also realize that if I do not give proof when asked, the student may be denied financial aid. If I receive federal student aid based on incorrect information, I will have to repay it and may also have to pay fines and fees.

Student's Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____

Mother's Signature: _____ **Date:** _____