



EAST CENTRAL

COMMUNITY COLLEGE

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

2021

REQUEST TO RE-EVALUATE FINANCIAL AID ELIGIBILITY UNDER SPECIAL CIRCUMSTANCES

2022

Student's Name: _____ SS#: _____

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 2021 than in 2019 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, 2021 to December, 2021 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 _____ _____ | | |
| 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. You **MUST** provide documentation.

| Expenses | Actual 2019 Amount | Estimated 2021 Amount |
|---|--------------------|-----------------------|
| Medical/Dental Insurance Premiums (Do NOT include employers contribution) | | |
| Medical/Dental expenses paid during the year (Do NOT include amount paid by insurance) | | |

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, 2021 to December, 2021.

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, 2021 TO DECEMBER, 2021**

****NOTE: ATTACH DOCUMENTS proving income AND a STATEMENT showing how the ESTIMATED AMOUNT was calculated**

| INCOME TYPE | STUDENT | SPOUSE | FATHER | MOTHER |
|--|----------------|---------------|---------------|---------------|
| Wages, salaries, tips | | | | |
| Other taxable income (<i>including unemployment compensation</i>) | | | | |
| Payments to tax-deferred pension & savings plans | | | | |
| IRA distributions or pensions | | | | |
| Child support received (<i>total for all children</i>) | | | | |
| Other untaxed income (<i>such as tax exempt interest income, disability, etc.</i>) 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:** _____