

**2023-2024 Change in Financial Circumstances Appeal Form**

 **Student: Please print neatly and in ink.**

You or your parents may request reconsideration of your financial aid award through this appeal process. If you can document a significant change in your family’s financial circumstances, or if you believe there are special circumstances that were not considered initially, please complete this form. A request forreconsideration must be accompanied by documentation listed below*.* We may also request additional information as necessary to document particular circumstances.

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| **EMCC Student ID** |  | **Date of Birth** |  | **Last Name** |  | **First Name** |  | **MI** |

**CHECK ALL THAT APPLY TO YOU:**

􀀀 Documented loss or change of employment affecting 2022 or 2023 earnings (complete the Income Estimation chart below) provide Maine Department of Labor Confirmation of Eligibility for Unemployment Benefits, Form ME I-5

􀀀 Divorce or Separation

􀀀 Death or Disability

􀀀 Loss of untaxed income (social security, pension, child support, etc.) (provide confirmation (in writing) from benefit provider.)

􀀀 Non‐reimbursed medical and/or dental bills or handicapped‐related expenses(copies of receipts for medical expenses paid by student or parent in **2022 or 2023)**

􀀀 One‐time payment that over‐inflated your annual income

􀀀 Incorrect financial information noted on initial aid application

􀀀 Other, (include a signed letter explaining family’s circumstances)Most recent pay stub showing the loss of earning for 2023.

All requests must be accompanied by appropriate documentation **Lack of supporting documents will result in processing delays.**

Since 2021, have you, or your parent(s), had a reduction in income/earnings due to unemployment or loss of other benefits?

If yes, explain changes below. See reverse side for: circumstance, condition & required documentation.

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| **Income Estimation Chart****Funds Received** | **2022** | **2023 (*anticipated*)** |  | ***Put zero******(if it does not apply)*** | ***2022*** | ***2023******(anticipated)*** |
| Alimony | $ | $ |  | Wages (Parent) | $ | $ |
| Child Support | $ | $ |  | Wages (Parent) | $ | $ |
| Workers Comp | $ | $ |  | Wages (Spouse) | $ | $ |
| Social Security | $ | $ |  | Wages (Student) | $ | $ |
| Other Benefits | $ | $ |  |  |  |  |

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* My signature confirms that all information submitted to the Financial Aid Office for the purpose of determining my eligibility for financial aid is true and is correct to the best of my knowledge.
* **I understand that submission of this information does not guarantee an adjustment to the student’s award or a change to the original financial aid decision**.
* I/we authorize the Eastern Maine Community College to forward this information to the U.S. Department of Education to amend student’s **2023-2024** FAFSA.

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| **Student’s Signature** |  | **(Date)** |

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| **Parent’s Signature – if parent information was required on FAFSA** |  | **(Date)** |

4/7/2022

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| ***Return To*** |
| *EMCC -- Student Aid Office**354 Hogan Road, Bangor, Maine 04401* ***OR*** |
|  |  | *E-mail:* *fadocs@emcc.edu* |  |  |

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| **CIRCUMSTANCE** | **CONDITION** | **REQUIRED DOCUMENTATION** |
| UnemploymentorChange in Employment Status | You, your spouse or your parent(s) earned money in 2020 & lost job in 2022 or 2023.You, your spouse or your parent(s) worked full time in 2020, but are no longer working full time in 2022 or 2023. | Most recent paystub showing YTD earnings.Unemployment benefits received YTD (summary printout from your account).Termination/Layoff Letter from employer.Any other taxed/untaxed income(i.e. child support, severance pay, retirement, IRA/Pension distribution(s), etc.) |
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| Separation or Divorce | After your initial 2023-2024 FAFSA filing, you, or your parents, have separated/ divorced in 2022, 2023, or 2024. | Statement of separation with date of occurrence and proof of separate residences; or Divorce Decree.2021 or 2022 signed Federal Tax Return -- including W-2’s /1099’s schedules to determine separation of income. |
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| Death | Death of student’s parent(s) or spouse who worked in 2021, 2022, 2023 or 2024. | Death Certificate or Obituary |
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| Disability | You, your spouse, or your parent(s) earned income in 2021 and is now unable to earn income due to disability. | Statement of DisabilityDisability benefits received YTD and type of disability benefit income (insurance, settlement, worker’s comp, SSD).Most recent paystub showing YTD earnings prior to disability.Any other taxed/untaxed income(i.e. child support, severance pay, retirement, IRA/Pension distribution(s), etc.) |
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| Loss of, one-time, income | You, your spouse, or your parent(s) received income in 2021 and cannot reasonably be expected to receive that income in 2022 or 2023. | 2022 or 2023 signed Federal Tax Return and documentation showing how one-time income was exhausted. |
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| Un-Reimbursed ExpensesMedical or Dental | You, your spouse, or your parent(s) paid medical/dental bills in 2020, 2021 or 2022 which insurance did not cover. | Cancelled checks, or receipts, showing payments made to unreimbursed medical/dental expenses for 2022 or 2023 or 2024Schedule A (Itemized deductions) from 2019 or 2020 or 2021 Federal Tax Return.Explanation of Benefits from insurance. |
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| Other | You, your spouse, or your parent(s) have an extenuating circumstance causing a reduction of income from 2020 to 2021 or 2022 to 2023, not listed in other options. | Detailed explanation of circumstances.Documentation which supports your explanation -- include dates, dollar amounts, and reasons for action up to YTD. |

**YTD** = Year To Date

***\*\*****Appeals submitted January 1st or later will require a 2022 signed Federal Tax Return in place of YTD documentation if required to file per IRS Regulations.*