

2017-2018 Change in Financial Circumstances Appeal Form

Student: Please print neatly and in ink.

EMCC will make every effort to increase financial aid when there is a decrease in Expected Family Contribution as calculated on the Free Application for Federal Student Aid. However, increased financial aid is dependent on available funding and federal, state and college program requirements.

EMCC Student ID Date of Birth Last Name First Name MI

In 2015, 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.

Funds Received	2015	2016	Put zero (if it does not apply)	2015	2016
		(anticipated)			
Alimony	\$	\$	Wages (Parent)	\$	\$
Child Support	\$	\$	Wages (Parent)	\$	\$
Workers Comp	\$	\$	Wages (Spouse)	\$	\$
Social Security	\$	\$	Wages (Student)	\$	\$
Other Benefits		\$	\$		

Required documents for loss of income must be included with this appeal

- Maine Department of Labor Confirmation of Eligibility for Unemployment Benefits, Form ME I-5
- Most recent pay stub showing the loss of earning.
- Loss of other benefits such as: Alimony, Child Support, Disability Benefits, Social Security Pension, provide confirmation (in writing) from benefit provider.
- High medical expenses; copies of receipts for medical expenses paid by student or parent in **2015 or 2016**.

Lack of supporting documents will result in processing delays.

- ✓ My signature confirms that all information submitted to the Student Aid Office for the purpose of determining my eligibility for financial aid is true and is correct to the best of my knowledge.
- ✓ I/we authorize the Eastern Maine Community College to forward this information to the U.S. Department of Education to amend student's **2017-2018** FAFSA.

Student's Signature **(Date)**

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

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

CIRCUMSTANCE	CONDITION	REQUIRED DOCUMENTATION
Unemployment or Change in Employment Status	You, your spouse or your parent(s) earned money in 2015 & lost job in 2016. You, your spouse or your parent(s) worked full time in 2015, but are no longer working full time in 2016.	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.)
Separation or Divorce	After your initial 2017-2018 FAFSA filing, you, or your parents, have separated/divorced in 2016 or 2017.	Statement of separation with date of occurrence <u>and</u> proof of separate residences; or Divorce Decree. 2016 signed Federal Tax Return -- including W-2's /1099's schedules to determine separation of income.
Death	Death of student's parent(s) or spouse who worked in 2015, 216 or 2017.	Death Certificate or Obituary
Disability	You, your spouse, or your parent(s) earned income in 2015 and is now unable to earn income due to disability.	Statement of Disability Disability 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.)
Loss of, one-time, income	You, your spouse, or your parent(s) received income in 2015 and cannot reasonably be expected to receive that income in 2016.	2016 signed Federal Tax Return and documentation showing how one-time income was exhausted.
Un-Reimbursed Expenses Medical or Dental	You, your spouse, or your parent(s) paid medical/dental bills in 2015, 2016 or 2017 which insurance did not cover.	Cancelled checks, or receipts, showing payments made to unreimbursed medical/dental expenses for 2015 or 2016. Schedule A (Itemized deductions) from 2016 Federal Tax Return. Explanation of Benefits from insurance.
Other	You, your spouse, or your parent(s) have an extenuating circumstance causing a reduction of income from 2015 to 2016, 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 2015 signed Federal Tax Return in place of YTD documentation if required to file per IRS Regulations.*