

## 2017-2018 Request for Review of Income

Complete the following form if the student and/or spouse/parent has experienced a change in their income during the 2017 calendar year. The request will be evaluated based on the documentation submitted. If your request is approved, the information on the FAFSA will be updated and the Expected Family Contribution (EFC) will be recalculated. Recalculation of the EFC does not guarantee a change to the student's federal aid award. To ensure fairness and compliance with the federal regulations, there are limits to which circumstances can be considered. Income reductions are considered on a case-by-case basis.

**Approval of request does not guarantee receipt of additional aid.**

***You must have completed the 2017-18 FAFSA at [fafsa.gov](http://fafsa.gov) before this request can be processed.***

<b>Student Information</b>
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LAST NAME	FIRST NAME	M.I.	STUDENT ID#
ADDRESS (INCLUDE APT #)	CITY	STATE	ZIP CODE
DATE OF BIRTH	MYCCTC EMAIL ADDRESS	PHONE NUMBER	

Please provide all documents needed to evaluate your request from the checklists below. We cannot process this appeal without specific details regarding your special circumstances or without appropriate supporting documentation. Families with an EFC of (0) will not be reviewed.

**\*\*All verification requirements must be satisfied before your appeal can be considered\*\***

<b>Step 1: All requests must include a copy of 2015 Tax Return(s) &amp; W-2 Form(s).</b>
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<b>Special Circumstances:</b> If special conditions exist that might change your need FAFSA information, please check the box or boxes that apply and submit this form to our office along with the required documentation.
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Special Circumstance	Documents Needed and Checklist
<input type="radio"/> <b>Unemployment or change in employment beginning in 2017.</b>  Last date of employment: _____ / _____ / _____	<input type="radio"/> <b>Personal statement explaining circumstance (include dates of unemployment)</b> <input type="radio"/> <b>Letter(s) of separation from employer(s) or proof of benefits being received</b> <input type="radio"/> <b>Last pay stub with YTD amount for old employment</b> <input type="radio"/> <b>Most recent paystub for new employment (if applicable)</b>
<input type="radio"/> <b>One-time taxable income (IRA or pension distribution) that will not be received in 2017</b>	<input type="radio"/> <b>Personal statement explaining circumstance</b> <input type="radio"/> <b>Copy of the IRS 1099 Form from the organization detailing the IRA or pension amount</b>
<input type="radio"/> <b>Loss or change in child support</b>	<input type="radio"/> <b>Personal statement explaining circumstance (including when benefit will end)</b>

Special Circumstance	Documents Needed and Checklist
<ul style="list-style-type: none"> <li>○ Divorce or separation of parents or student and spouse</li> </ul>	<ul style="list-style-type: none"> <li>○ Personal statement explaining circumstance (including current members in Household)</li> <li>○ Copy of divorce decree</li> </ul>
<ul style="list-style-type: none"> <li>○ Death of a parent or Spouse</li> </ul>	<ul style="list-style-type: none"> <li>○ Copy of Death Certificate</li> </ul>

**Step 2:**

**Estimated Income Information for January 1, 2017 – December 31, 2017**

Provide the estimated income for the affected person's entire 2017 income. Complete all items. Answer items with zero (0) if it does not apply.

	Parent 1 Name:	Parent 2 Name:	Student Name:	Spouse Name:
<b>Earnings:</b> Wages, Salaries and Tips	\$	\$		
<b>Other Income:</b> Tax exempt interest, IRA contributions, untaxed IRA distributions (exclude rollovers), untaxed pensions, military or clergy untaxed housing allowances.	\$	\$		
<b>Child Support Received</b>	\$	\$		

**Step 3: Signature and Certification**

*To the best of my knowledge, the information in this appeal is true. I understand that misrepresentation of facts in connection with this appeal may result in cancellation and repayment of financial aid.*

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/SPOUSE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Office Use Only		Notes:
Original EFC \$ _____	New EFC _____	
2015 AGI \$ _____	est. 2017 AGI \$ _____	
2015 Tax Paid \$ _____	est. 2017 Tax Paid \$ _____	
2015 Untaxed Income \$ _____	est. 2017 Untaxed Income \$ _____	
Date Reviewed ____ / ____ / ____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
FA Counselor (Initial Eval.) _____	Notice Sent <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Attach copy of notice	
	FA Counselor final _____	
	Transaction Corrected # _____	

Return completed and signed forms to the Student Services office on your campus, mail, fax or email to:  
 Central Carolina Technical College ■ Office of Financial Aid ■ 506 North Guignard Drive  
 ■ Sumter, SC 29150 ■ Fax: 803.778.6696 ■ Phone: 803.778.7831 ■ FinancialAid@cctech.edu