



## 2018 - 2019 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 2018 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 2018 - 2019 FAFSA at [fafsa.gov](http://fafsa.gov) before this request can be processed.**

### Student Information

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\*\***

### Step 1: All requests must include a copy of 2016 Tax Return(s) & W-2 Form(s).

**Special Circumstances:** 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.

Special Circumstance	Documents Needed and Checklist
<input type="checkbox"/> <b>Unemployment or change in employment beginning in 2018.</b>  Last date of employment: _____ / _____ / _____	<input type="checkbox"/> <b>Personal statement explaining circumstance (include dates of unemployment)</b> <input type="checkbox"/> <b>Letter(s) of separation from employer(s) or proof of benefits being received</b> <input type="checkbox"/> <b>Last pay stub with YTD amount for old employment</b> <input type="checkbox"/> <b>Most recent paystub for new employment (if applicable)</b>
<input type="checkbox"/> <b>One-time taxable income (IRA or pension distribution) that will not be received in 2018</b>	<input type="checkbox"/> <b>Personal statement explaining circumstance</b> <input type="checkbox"/> <b>Copy of the IRS 1099 Form from the organization detailing the IRA or pension amount</b>
<input type="checkbox"/> <b>Loss or change in child support</b>	<input type="checkbox"/> <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, 2018 – December 31, 2018**

Provide the estimated income for the affected person's entire 2018 income. Complete all items.

*Answer items with zero (0) if it does not apply.*

	Student Name:	Spouse Name:	Parent 1 Name:	Parent 2 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 _____	
2016 AGI \$ _____	Est. 2018 AGI \$ _____	
2016 Tax Paid \$ _____	Est. 2018 Tax Paid \$ _____	
2016 Untaxed Income _____	Est. 2018 Untaxed Income \$ _____	
Date Reviewed ____/____/____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
FA Counselor (Initial) _____	Notice Sent <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy)	
	FA Counselor Final _____	
	Transaction Correct # _____	