

Financial Aid Special Condition Appeals Application 2009 – 2010

The Financial Aid office of Erie Community College realizes that family situations sometimes change. This form is designed to address your possible eligibility for Federal funding as a result of a change in circumstances.

Reduction or Loss of Family Income

Required Documents

1. Letter of Explanation that includes the following:
 - how the loss/reduction occurred
 - when the loss/reduction occurred
 - detailed timeline of 2009 family income
2. ** Documentation of 2009 Family Income that includes the following:
 - Most recent paystubs for you and parent(s)
 - Unemployment benefits for you and parent(s)
 - Any other source of income for you and parent(s)

**You must account for the entire year
(January 1 – December 31, 2009)**

3. Dependent Verification Worksheet
4. 2008 Federal tax return for you and parent(s)

**NOTE: FORMS SUBMITTED AFTER 1/1/10 MUST
INCLUDE 2009 FEDERAL TAX RETURN.**

Widowed, Divorced, Separated since completing 2009-2010 FAFSA

Required Documents

1. Letter of Explanation that includes the following:
 - Date of marital change
2. Copy of divorce decree, separation papers, or copy of death certificate.
3. Most recent paystubs
4. Dependent Verification Worksheet
5. 2008 Federal tax return for you and parent(s)

**If you are unable to provide documentation for all of 2009 (January 1 – December 31, 2009) we will NOT evaluate your appeal.

Name: _____ Student ID: _____

Report student and parents' estimated income to be received from all sources between 1/1/09-12/31/09.

You must submit documentation of ALL estimated income for the entire year (2009).

If you submit this form after 1/1/2010, attach a copy of your 2009 tax return.

2009 ESTIMATED INCOME, EARNINGS, AND BENEFITS (YEARLY TOTALS ONLY):

1. <u>EXPECTED TAXABLE INCOME:</u>	<u>Student</u>	<u>Parent(s)</u>
2009 est. income earned from work	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____
Other taxable income	\$ _____	\$ _____
<u>TOTAL TAXABLE INCOME:</u>	\$ _____	\$ _____

2. <u>EXPECTED UNTAXED INCOME & BENEFITS:</u> Yearly totals only		
Welfare benefits, TANF	\$ _____	\$ _____
Child Support received for ALL children	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
All other untaxed income/benefits (Workers' compensation, veteran's benefits, untaxed pensions, etc.)	\$ _____	\$ _____
<u>TOTAL UNTAXED INCOME:</u>	\$ _____	\$ _____

CERTIFICATION:

I HEREBY ATTEST THAT ALL OF THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AT THE DATE OF COMPLETION. I FURTHER AGREE TO REPORT ANY FURTHER CHANGES TO THE FINANCIAL AID OFFICE AS SOON AS THEY OCCUR.

STUDENT'S SIGNATURE: _____

PARENT SIGNATURE: _____

DATE OF COMPLETION: MONTH _____ DAY _____ YEAR _____

Return completed form with required documents to your home campus Financial Aid Office.

North Campus
6205 Main Street
Williamsville, NY 14221
(716) 851-1477

City Campus
121 Ellicott Street
Buffalo, NY 14203
(716) 851-1177

South Campus
S4041 Southwestern Blvd
Orchard Park, NY 14127
(716) 851-1677

SPECIAL CONDITION DEADLINE IS: MARCH 12, 2010