

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 spouse
 - Unemployment benefits for you and spouse
 - Any other source of income for you and spouse

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

3. Independent Verification Worksheet
4. 2008 Federal tax return for you and spouse

**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. Independent Verification Worksheet
5. 2008 Federal tax return

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

Complete other side

Name: _____ Student ID: _____

Report student and spouse 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>Spouse</u>
2009 est. income earned from work	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____
Other taxable income	\$ _____	\$ _____
<u>TOTAL TAXABLE INCOME:</u>	\$ _____	\$ _____

2. EXPECTED UNTAXED INCOME & BENEFITS: 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: _____

SPOUSE'S 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