



2014-2015 REQUEST FOR REVIEW OF AWARD YEAR INCOME DATA
(Dependent Student)

SPECIAL CIRCUMSTANCES

Federal regulations require all applicants to report calendar year 2013 income figures on their 2014-2015 Free Application for Federal Student Aid (FAFSA). Federal regulations also allow the Financial Aid Office to revise the information on your financial aid application for award purposes year 2014-2015, if documented special circumstances exist.

By following the instructions below you may request a review of income data. If your request is granted, the Financial Aid Office will change the income information originally reported on your FAFSA to reflect your and your parents' income for the 2014-2015 award year.

Required Documentation:

In order for a Financial Aid Advisor to review your request, you must provide documentation of your special circumstances and submit ALL of the following forms:

- Parents' 2013 IRS Transcript of Tax Return
Student's 2013 IRS Transcript of Tax Return (ONLY REQUIRED IF IRS DATA RETRIEVAL WAS NOT USED, SEE ATTACHED INSTRUCTIONS)

- Student's 2013 W-2's
Parents' 2013 W-2's

- Parents' 2014 IRS Transcript of Tax Return (IF APPEAL IS SUBMITTED AFTER APRIL 15, 2015)
Student's 2014 IRS Transcript of Tax Return

- Parents' 2014 W-2's (IF APPEAL IS SUBMITTED AFTER JANUARY 31, 2015)
Student's 2014 W-2's

Included in this packet are the following:

- 2014-2015 Personal Statement of Explanation
2014-2015 Statement of Information
2014-15 Parents' Projected Award Year Income Statement
2014-15 Student's Projected Award Year Income Statement
Parents' Statement of Projected Basic Living Expenses

Supporting documentation:

You must also provide supporting documentation of your special circumstances. Examples of acceptable documentation are listed below. Requests submitted without supporting documentation may be delayed or denied until the documentation is received.

- Copies of current or final pay stubs, benefit checks or employer statements for each job
Copy of termination notice or letter from employer confirming termination date
Unemployment Award Letter and the most recent Unemployment check stub
Proof of parents' separation or divorce, if applicable
Any other documentation that supports your request for review

SUBMIT ALL FORMS AND DOCUMENTS TO THE FINANCIAL AID OFFICE

Student's Name \_\_\_\_\_

ECC ID# \_\_\_\_\_

## 2014-2015 PERSONAL STATEMENT OF EXPLANATION Dependent Student

Please explain, in detail, your special circumstances and why you are requesting a financial Aid Advisor to change your and/or your parents' 2014-2015 FAFSA income information. Incomplete explanations may cause delay or denial of your request. (If you need additional space, continue on the back of this form).

Print or Type \_\_\_\_\_

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**CERTIFICATION:** I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form. False statements or misrepresentation can be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted. **I understand that I must report changes of the above information to the Financial Aid Office.**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR FINANCIAL AID OFFICE USE ONLY

Appeal **APPROVED**     Appeal **DENIED**    Date \_\_\_\_\_    FAAdvisor Initial \_\_\_\_\_  
Prior EFC: \_\_\_\_\_    Trans #: \_\_\_\_\_    New EFC: \_\_\_\_\_    Trans#: \_\_\_\_\_

Reason \_\_\_\_\_

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Appeal **APPROVED**     Appeal **DENIED**    Date \_\_\_\_\_    FA Mgr Initial \_\_\_\_\_

## 2014-2015 STATEMENT OF INFORMATION Dependent Student

Complete all questions in applicable sections only. If your or your parents' income information did not change leave that section blank.

### STUDENT'S SECTION

1. Did you voluntarily quit or reduce your hours at work?  YES  NO

If YES, please explain why: \_\_\_\_\_

When did you quit or reduce your hours? (month/year) \_\_\_\_\_

If you are still working, how many hours per week? \_\_\_\_\_

2. Were you laid-off or terminated from your job?  YES  NO

If YES, when were you were laid-off or terminated? (month/year)

3. Do you receive child support?  YES  NO

4. Have Unemployment Benefits been applied for?  YES  NO

If YES, when will (did) the Unemployment Benefits start? (month/year) \_\_\_\_\_

### PARENTS' SECTION

1. Did either of your parents voluntarily quit or reduce their hours at work?  YES  NO

If YES, please explain why: \_\_\_\_\_

When did she/he quit or reduce their hours? (month/year) \_\_\_\_\_  YES  NO

If she/he is still working, how many hours per week? \_\_\_\_\_

2. Were they laid-off or terminated from their job?  YES  NO

If YES, when were they laid-off or terminated? (month/year) \_\_\_\_\_

3. Are your parents married?  YES  NO

If NO, give date of separation or divorce, (month/year) \_\_\_\_\_

4. Does your parent receive child support?  YES  NO

5. Have you applied for Unemployment Benefits?  YES  NO

If YES, when will (did) the Unemployment Benefits start? (month/year) \_\_\_\_\_

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## 2014-2015 PROJECTED AWARD YEAR INCOME STATEMENT

### Dependent Student

Do not leave any section blank. If any part of this form is left blank it will not be accepted. If your parents list "0" income for any month, provide an explanation on the back of this form or a separate sheet of how their expenses listed on the Statement of Projected Basic Living Expenses form will be paid. Failure to include this explanation may cause delay or denial of your request. LIST GROSS INCOME FIGURES. **Gross income** is earnings before taxes and other deductions are subtracted.

\* **Taxable income** is any income that is reported to the IRS. Unemployment Benefits are taxable income.

\*\* **Untaxed income** includes earnings from work paid by cash or check *not* being reported to the IRS, child support, TANF/CalWorks, General Relief, Social Security (or any other retirement benefits), and cash received from friends or relatives used to pay living expenses.

| <b>Mother/Stepmother's<br/>2014-2015 Projected Income</b> |                   |           |                     |
|---|-------------------|-----------|---------------------|
|   | GROSS<br>Taxable* | Untaxed** | Source of<br>Income |
| July 2014   |                   |           |                     |
| Aug. 2014   |                   |           |                     |
| Sept. 2014  |                   |           |                     |
| Oct. 2014   |                   |           |                     |
| Nov. 2014   |                   |           |                     |
| Dec. 2014   |                   |           |                     |
| Jan. 2015   |                   |           |                     |
| Feb. 2015   |                   |           |                     |
| March 2015  |                   |           |                     |
| April 2015  |                   |           |                     |
| May 2015  |                   |           |                     |
| June 2015   |                   |           |                     |
| <b>Income<br/>Totals</b>                                  |                   |           |                     |

| <b>Father/Stepfather's<br/>2014-2015 Projected Income</b> |                   |           |                     |
|---|-------------------|-----------|---------------------|
|   | GROSS<br>Taxable* | Untaxed** | Source of<br>Income |
| July 2014   |                   |           |                     |
| Aug. 2014   |                   |           |                     |
| Sept. 2014  |                   |           |                     |
| Oct. 2014   |                   |           |                     |
| Nov. 2014   |                   |           |                     |
| Dec. 2014   |                   |           |                     |
| Jan. 2015   |                   |           |                     |
| Feb. 2015   |                   |           |                     |
| March 2015  |                   |           |                     |
| April 2015  |                   |           |                     |
| May 2015  |                   |           |                     |
| June 2015   |                   |           |                     |
| <b>Income<br/>Totals</b>                                  |                   |           |                     |

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## 2014-2015 PROJECTED AWARD YEAR INCOME STATEMENT Dependent Student

Do not leave any section blank. If any part of this form is left blank it will not be accepted. If your parents list "0" income for any month, provide an explanation on the back of this form or a separate sheet of how their expenses listed on the Statement of Projected Basic Living Expenses form will be paid. Failure to include this explanation may cause delay or denial of your request. LIST GROSS INCOME FIGURES. **Gross income** is earnings before taxes and other deductions are subtracted.

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| <b>Student's<br/>2014-2015 Projected Income</b> |                   |           |                     |
|---|-------------------|-----------|---------------------|
|   | GROSS<br>Taxable* | Untaxed** | Source of<br>Income |
| July 2014                                       |                   |           |                     |
| Aug. 2014                                       |                   |           |                     |
| Sept. 2014                                      |                   |           |                     |
| Oct. 2014                                       |                   |           |                     |
| Nov. 2014                                       |                   |           |                     |
| Dec. 2014                                       |                   |           |                     |
| Jan. 2015                                       |                   |           |                     |
| Feb. 2015                                       |                   |           |                     |
| March 2015                                      |                   |           |                     |
| April 2015                                      |                   |           |                     |
| May 2015  |                   |           |                     |
| June 2015                                       |                   |           |                     |
| <b>Income<br/>Totals</b>                        |                   |           |                     |

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Student's Name \_\_\_\_\_

ECC ID# \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## PARENTS' STATEMENT OF PROJECTED BASIC LIVING EXPENSES July 2014 - June 2015

**INSTRUCTIONS:** Have your parents complete the information below by listing expenses that they will pay between July 1, 2014 and June 30, 2015. If amounts differed from month to month, provide an average for the 12-month period. Do not include any expenses covered by food stamps or housing assistance. If an expense is not applicable (i.e., car payments), put a "0". **Do not leave any question blank.**

Amount per **MONTH**  
(Do not leave any amount blank)

- |  |    |  |
|--|----|--|
| 1. Rent or Mortgage (include principal, interest and taxes)          | \$ |  |
| 2. Utilities (gas, electric, water, telephone, cell phone etc.)      | \$ |  |
| 3. Food (at home and away from home)                                 | \$ |  |
| 4. Car Payment(s)  | \$ |  |
| 5. Transportation (gas, oil, repairs and/or maintenance, bus passes) | \$ |  |
| 6. Elementary/Secondary Tuition or Child Care Paid                   | \$ |  |
| 7. Car Insurance expenses  | \$ |  |
| 8. Medical/dental expenses paid but NOT covered by insurance         | \$ |  |
| 9. Child Support Paid (due to divorce or separation)                 | \$ |  |
| 10. Expenses for clothing, entertainment, gifts & travel             | \$ |  |
| 11. Other Expenses: _____  | \$ |  |

Do you or your parents receive Food Stamps/SNAP?

YES     NO

Do you or your parents receive housing subsidies?

YES     NO

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Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR FINANCIAL AID OFFICE USE ONLY

Total Monthly Expenses \_\_\_\_\_      Total Annual Expenses (12 mo.) \_\_\_\_\_

Total Student's Income \_\_\_\_\_      Total Parent's Income \_\_\_\_\_

Total All income \_\_\_\_\_