

2022-2023 CHANGE IN FINANCIAL SITUATION - Independent

(Summer Term 2022 - Spring Term 2023)

Instructions

Student Information:
Student Last Name

Student ID#

You may only request special consideration of your financial aid eligibility based on changes in your or your parent(s) circumstances that have reduced your ability to contribute financial support for your educational costs with a noted decrease of \$1,000 or more.

Submit this form only after you have received your financial aid offer. Submitting this request does not guarantee a change in aid eligibility amounts.

Complete and submit all required documentation to the CCC Office of Financial Aid and Scholarships. Incomplete requests will be denied. Information you reported in error on your 2022-2023 Free Application for Federal Student Aid (FAFSA) will be corrected prior to evaluation of this request. As a result of this request your aid eligibility may be increased, reduced, or stay the same. We will make every effort to review this request within two weeks; however, review may take longer during peak processing times.

Student First Name

Date of Birth

Reason for Change in Financial Situation (che		
Significant reduction in income since 2020 (select of	one):	
Loss of employment*	\$	Complete page two with yearly totals
Loss of taxed or untaxed income or benefits*	\$	Complete page two with yearly totals
Separation, divorce, or death	\$	Complete page two with yearly totals
Paid medical care expenses	\$	Complete page two with yearly totals
*Ten weeks must have passed before submitting this For all requests you must submit the followin A copy of your and your spouse's (if applicable) 20	g inform	ation at the time the form is submitted:
☐ A copy of your and your spouse's (if applicable) 20		·
If applicable for this request, a copy of your and yo pay stubs	ur spouse's	s (if applicable) 2022 Income documentation such as
$\ \square$ A typed and signed personal statement from expla	ining the si	tuation
 Documentation as required on page 3 of this reque Benefit, Separation, Divorce, Death, or Medical 		
Certification To the best of my knowledge, the information in this request connection with this request whenever discovered may be of financial aid. I understand that my federal tax return info application information and that I may be selected for instit	sufficient c ormation wi	ause in and of itself for cancellation and repayment
Student Signature		 Date
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OFFICE OF FINANCIAL AID AND SCHOLARSHIPS



	Student ID					
INCOME INFORMATION You must provide additional documentation to support the estimates below. Report gross income (i.e. before taxes) and estimate income for the remaining months of 2022 if the year has not ended. Round all figures to the nearest dollar and do not leave any boxes blank. If there is no income for a category, write in "0".						
	2020 full year amount	2021 full year amount	2022 full year amount	Office Use Only		
Student Income from work	\$	\$	\$			
Spouse Income from work	\$	\$	\$			
Unemployment Benefits	\$	\$	\$			
Other Income (please specify type(s)):	\$	\$	\$			
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Committee Members:						
Processed by:						



REQUIRED DOCUMENTATION

Loss of Employment:
 Copy of notice of separation from the employer showing employment status, date of termination, or hours reduced, year to date gross earnings, and whether severance benefits were received and if so how much (voluntary separation from employment does not qualify as "loss of employment") -OR- A statement from your current/future employer, if any, reporting expected estimated earnings for the rest of 2022 -AND-
 Documentation of Unemployment benefits: Print out from UI website showing all payments made. Claim start date, total award amount, weekly payment, and balance remaining on account. This can be printed directly from the UI websiteAND- Complete Income Information Section
Loss of Taxed or Untaxed Income or Benefit:
 Copies of the termination notice from the granting agency/company, court order, or document from caseworker -AND-
Complete Income Information Section
 Separation, Divorce, or Death: A photocopy of death certificate/obituary in case of death of a parent or spouse A copy of legal separation papers or divorce decree If no legal separation exists, provide evidence of separate living accommodations such as driver's licenses, rental/lease agreements, mortgage papers, voter registration cards, or copies of utility bills for separate residences -AND- Complete Income Information Section
Medical Care Expenses:
 Expenses must be greater than 11% of your adjusted gross income Copies of receipts, canceled checks, or other proof of payment must accompany billing statements for all appropriate bills. Alternately, you may submit a copy of Schedule A from your federal tax return as documentation of paid medical expenses

- Billing statements must clearly indicate portions that have been paid by your insurance or other agency
- We will only consider expenses already paid directly by you or your parents
- We assume that you will have medical coverage and only those costs not covered by insurance or other agencies will be considered -AND-
- Complete Income Information Section