

CONDITION B: UNEMPLOYMENT

A student, spouse, or parent who earned money in 2019 has lost his/her job for at least 10 weeks in 2020, due to retirement, layoff, or job termination. Voluntary reduction of hours or leaving employment for the purpose of returning to school does NOT meet this condition.

The individual who lost his/her job: _____

Relationship to applicant: _____

How many weeks has he/she been unemployed since January 1, 2020? _____

Documentation Needed: Verification of loss of employment from employer or human resources. Verification should include date of last employment.

CONDITION C: DEATH

A spouse or parent who earned income in 2019 has died since the 2020-2021 free application for federal student aid (FAFSA) was completed.

Full Name of Deceased individual: _____

Relationship to the Applicant: _____

Documentation Needed: A photocopy of the death certificate (this will not be returned).

CONDITION D: SEPARATION OR DIVORCE

After filing for Federal Student Aid, you or your parents have separated or divorced.

1. Who has separated or divorced? Parents Student
2. Date of separation or divorce? _____ / _____ / _____
3. Which condition applies? Separation Divorce

Documents Needed: A photocopy of either the Separation Maintenance Order or a photocopy of the Divorce Decree. This will not be returned.

FOR ALL APPLICANTS:

Submit the following documentation with this form:

1. A signed copy of your 2019 Federal Income Tax return for student and parents.
2. Copy of last paycheck stub(s).
3. Copy of any applicable benefit statements, i.e. Social security, unemployment compensation, TANF.
4. All documentation listed under the specific condition for which you have submitted appeal.

All of the information on this form is true and complete to the best of my knowledge. I agree, if asked, to provide information that will verify the accuracy of the information reported on this form.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Office Use Only:		
Original EFC _____	Revised EFC: _____	Difference in Eligibility: Y/N
Appeal Granted: Y/N	Date transmitted: _____	Date reviewed: ____
FA Signature: _____		