

Financial Aid Office | 1700 Newcastle Rd | Forrest City, AR 72335 | (870) 633-4480 ext. 300 | Fax (870) 519-2029 | financialaid@eacc.edu

REQUEST FOR RECONSIDERATION BASED ON EXTENUATING CIRCUMSTANCES

WHAT IS A SPECIAL CIRCUMSTANCES RE-EVALUATION?

Special Circumstances Re-Evaluation refers to the process of reviewing your financial aid application when you and/or your parent(s) or spouse experience a change in income or expenses that was not reflected on your Free Application for Federal Student Aid (FAFSA). When you apply for financial aid, income and asset information is used to determine how much can be contributed toward your educational expenses. Re-Evaluation may be appropriate when changes in income or assets are significant enough to result in increased aid eligibility.

WHAT ADJUSTMENTS MAY BE CONSIDERED?

Adjustments may be considered for loss of income* for the following reasons (FAFSA Changes):

- job termination/change/reduction of hours worked/retirement
- marriage/divorce/separation/death of spouse after FAFSA filing
- loss or reduction of taxable social security benefits
- loss or reduction of child support/alimony received
- adjustments to parent income for non-discretionary medical/dental/disability expenses paid during the tax year (must exceed 11% of the "Income Protection Allowance" see page 18 of the EFC Formula).
- child support paid

*If you believe you qualify for a FAFSA Change Adjustment, please schedule an appointment with the Financial Aid Office to review your situation and required documentation for consideration.

HOW DO I REQUEST A SPECIAL CIRCUMSTANCES RE-EVALUATION?

- 1. Complete a Free Application for Federal Student Aid (FAFSA) online at fafsa.ed.gov; AND
- 2. If requesting any changes to your FAFSA, contact the East Arkansas Community College Financial Aid Office. If the Financial Aid Office determines that a Special Circumstances adjustment could benefit you, the request form will be provided at that appointment.
- 3. If requested, submit necessary supporting documentation. Additional documentation should not be submitted unless specifically requested by the Financial Aid Office.

Please note: The Financial Aid Office can only consider special circumstances when documentation is provided that will satisfy a review of your file by federal auditors.

HOW LONG WILL IT TAKE?

Your request for Special Circumstances Re-Evaluation cannot be processed until your original application for financial aid has been completed and verified (if requesting a change to the FAFSA). Please allow up to four to six weeks for processing the request after your original application has been processed and all the required documentation has been received.

WILL I GET MORE AID?

If Re-Evaluation results in increased eligibility for aid and if funds are available, you may receive additional assistance. If your Special Circumstances Re-Evaluation request results in increased eligibility, you may be asked to provide documentation (federal income tax documents) at the end of the calendar year to verify the accuracy of your income projections or projected expenses. If changes need to be made and these changes result in reduced eligibility, you may have to repay aid.

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2021-2022 REQUEST FOR RECONSIDERATION BASED ON EXTENUATING CIRCUMSTANCES

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (i	nclude apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Nu	mber (include area code)	Student's Alternate or Cell Phone Number	

1. Income earned in 2019 does not accurately reflect the student's and/or spouse's and/or parents' income in 2021 for one of the following reasons. Check all that apply and provide documentation as required on the back of this form.

Independent Student

- a. Loss of employment or change of employment status for student/spouse;
- b. Divorce/separation or death of a spouse;
- c. Loss of untaxed income;
- d. Disability of student/spouse;
- e. Unusual medical/dental bills or handicapped related expenses;
- f. One-time income;
- g. Other unusual debt/expenses;

Dependent Student

- h. Parents' loss of employment or change in employment status;
 - i. Loss of untaxed income (Social Security Benefits, Pensions, etc.)
- j. Divorce/separation or death of a parent;
- k. Disability of a parent;
- 1. Unusual medical/dental bills or handicapped related expenses;
- m. One-time income;
- n. Other unusual debt/expenses;

Income	Student	Spouse	Parent
Wages, salaries, severance pay	\$	\$	\$
Other taxable income	\$	\$	\$
Unemployment benefits to be received	\$	\$	\$
Untaxed Social Security benefits	\$	\$	\$
Adjusted gross income	\$	\$	\$
(Circle one) Single Joint File Separately			
Taxes paid	\$	\$	\$
(Circle one) Single Joint File Separately			
EIC	\$	\$	\$
(Circle one) Single Joint File Separately			
Additional Child Tax Credit	\$	\$	\$
Child support	\$	\$	\$
Other untaxed income	\$	\$	\$
Total income	\$	\$	\$

^{*}If you or your parents are divorced or separated, give only your information or the information of the custodial parent.

^{*} If loss of income was due to the death of a spouse or parent, give only your information or the information of the surviving parent.

2. If 1-f or 1-m is checked, identify the source of income and Explain below.	resplain now the funds were spent of invested.
<u>EXPLANATION:</u> Please explain below the circumstances which	ch merit consideration for extenuating circumstances
or attach a letter of explanation.	C
Loss of employment or change in employment status:	
Provide at least one of the following:	
a. ESD forms which indicate the amount you rec	eived from the unemployment benefits;
b. letter from employer detailing termination da	
c. unemployment papers and copy of last payrol	ll check stub (s) reflecting year-to-date wage total.
Divorce, separation or death of a spouse or parent:	
Provide the appropriate W-2 form (s) and one of the	e following:
_ a. copy of divorce decree	
 b. death certificate or death notice 	
Loss of untaxed income:	
Provide a letter from the agency who provided bene	efits detailing termination of benefits and copies of
summaries of benefits.	
<u>Disability of student/spouse/parent:</u>	
Provide medical documentation of disability and doc	•
disability. Also, document any decrease in income the	•
Unusual medical/dental bills or handicapped related expens	
Provide a copy of schedule A of the Federal 1040 for	·
paid; include medical insurance premiums paid. (To	be considered unusual, medical expenses must
exceed 11% of the I.P.A.	
One time income:	
	use of income. Discretionary expenses will be reviewed
according to Federal Regulations.	
Other unusual debt/expenses:	
Document the debt/expense and include method of	payment.
CERTIFICATION:	
All of the information on this form and supporting	A
documentation is true and complete to the best of my	Approved Rejected
knowledge.	
Student's Signature Date	Financial Aid officer Date
Parent's Signature (Dependent Students only)	