

Student ID _____ Name _____

*Due to peak processing periods, appeals will not be reviewed during the following time frames:
8/15/09 – 9/15/09 and 12/15/09 – 01/15/10*

The last day for submission of a 2009-10 Loss of Income Appeal is March 19, 2010.

Federal regulations allow the review of changed financial circumstances from the “base year” (2008) reported on the FAFSA, to the “projected year” (2009). This new evaluation is permitted when families experience a substantial reduction in income. Our research shows that a reduction of less than 20% in total family income (student and/or parent) rarely results in a change in aid eligibility.

The review process for Loss of Income, considers two factors in the review of each case:

- 1) Is the original FAFSA correct?***
- 2) Is there a loss of income in the household that would allow a recalculation of the EFC?***

**Note that consumer debt such as mortgage, car or credit card payments and/or bankruptcy is not permitted to be considered in an appeal. Additional information or documentation may be requested.

I, _____ agree to be selected for Financial Aid verification.

- ***I understand that the original Financial Aid offers will be on hold until all required and requested documents are received and reviewed by the Office of Financial Aid.***
- ***If my financial situation or circumstances change from what I have indicated on this form, I agree to notify the Office of Financial Aid of the change.***
- ***I understand that additional financial assistance is NOT guaranteed and that any additional financial assistance is based upon the availability of funds.***
- ***Financial Aid verification of my FAFSA may result in corrections. In rare cases these corrections may alter my current Financial Aid offers regardless of whether the Loss of Income appeal is approved.***

Student Signature _____

Date _____

Please complete all documents in BLUE or BLACK ink.

Student ID _____ Name _____

LOSS OF INCOME CHECKLIST

Please use the Loss of Income Checklist to ensure that all required documentation is being submitted. ***Failure to provide all required and requested documentation will result in the appeal being denied.***

DOCUMENTATION REQUIRED WITH ALL APPEALS:

DEPENDENT STUDENT	INDEPENDENT STUDENT
<input type="checkbox"/> A 2009-10 Dependent Verification Worksheet (available online: www.emich.edu/finaid)	<input type="checkbox"/> A 2009-10 Independent Verification Worksheet (available online: www.emich.edu/finaid)
<input type="checkbox"/> A copy of your and your parent(s) <i>signed</i> 2008 Federal Income Tax Form 1040	<input type="checkbox"/> A copy of your (and your spouse's) <i>signed</i> 2008 Federal Income Tax Form 1040
<input type="checkbox"/> A copy of your and your parent(s) 2008 W-2 forms for <u>all</u> jobs held in 2008	<input type="checkbox"/> A copy of your (and your spouse's) 2008 W-2 forms for <u>all</u> jobs held in 2008
<input type="checkbox"/> A copy of your and your parent(s) last pay stubs for <u>all</u> jobs held in 2009 – showing the YTD Earnings	<input type="checkbox"/> A copy of your (and your spouse's) last pay stubs for <u>all</u> jobs held in 2009 – showing the YTD Earnings
<input type="checkbox"/> A letter detailing the date and circumstances of your parent(s) loss or reduction of income	<input type="checkbox"/> A letter detailing the date and circumstances of your (and your spouse's) loss or reduction of income
<input type="checkbox"/> If your family has little to no income, please provide a statement detailing how you provide for basic living expenses	<input type="checkbox"/> If you have little to no income, please provide a statement detailing how you provide for basic living expenses

DOCUMENTATION THAT MAY ALSO BE REQUIRED, PLEASE CHECK AND SUBMIT ALL THAT APPLY:

CHANGE IN HOUSEHOLD SITUATION:		
<input type="checkbox"/> Divorce/separation	Effective date: ___/___/___	<ul style="list-style-type: none"> • A copy of the divorce decree/separation papers or evidence of separate living accommodations
<input type="checkbox"/> Death	Date of death: ___/___/___	<ul style="list-style-type: none"> • Photocopy of the death certificate and information on any life insurance policy payout as applicable
INCOME REDUCTION:		
<input type="checkbox"/> Loss of employment	Effective date: ___/___/___	<ul style="list-style-type: none"> • Copy of unemployment benefits or statement of ineligibility • Documentation of severance (if applicable)
<input type="checkbox"/> Loss of other income	Effective date: ___/___/___	<ul style="list-style-type: none"> • Statement of Loss (e.g. information on one time buy out, loss of child support, etc.)
<input type="checkbox"/> Medical/Dental Expenses		<ul style="list-style-type: none"> • Copy of all paid receipts for medical/dental expenses (not insurance statements, but actual receipts)