



# 2018-2019 Appeal for Additional Federal Assistance

The Financial Aid Office at Hudson Valley Community College recognizes that students and their families may experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible eligibility for additional funding as a result of such circumstances. **Please note: Your circumstance must have occurred due to issues beyond your control.** Circumstances such as, but not limited to, voluntarily leaving employment to attend college or retirement will not be considered for an appeal. Complete requests must be submitted no later than MARCH 1, 2019.

Student Name	H00
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## SECTION A: Involuntary loss in Income (Complete Sections A-1, A-2, C and D)

**A-1.** Changes in income have occurred for: (check only one)

- Parent of dependent student
- Student/spouse

Please check all conditions that apply and submit all required documentation as listed below.

**DECREASE IN INCOME DUE TO:**

**DATE OCCURRED**

- |   |       |
|---|-------|
| <input type="checkbox"/> Loss of Wages, tips, salary, etc.  | _____ |
| <input type="checkbox"/> Receipt or loss of Unemployment benefits                                       | _____ |
| <input type="checkbox"/> Disability   | _____ |
| <input type="checkbox"/> Reduced or terminated untaxed income<br>(child support, untaxed pension, etc.) | _____ |
| <input type="checkbox"/> Death of Dependent Student's Parent  | _____ |
| <input type="checkbox"/> Death of Independent Student's Spouse  | _____ |
| <input type="checkbox"/> Separation or divorce  | _____ |
| <input type="checkbox"/> Other (_____)  | _____ |

**Required Documents:** ALL required documentation listed below must be submitted before we can review your situation.

1.  Completed 2018-2019 Verification Worksheet (if not previously submitted).
2.  Student's **2016 Federal tax return transcript\***, W2 forms and other income documents.
3.  Spouse's separate **2016 Federal tax return transcript\***(if student is married and filed taxes separately), W2 forms and other income documents.
4.  Parent(s) **2016 Federal tax return transcript\***, W2 forms and other income documents (if dependent).
5.  **Proof of situation**, such as: letter from employer regarding change in employment, physician's statement regarding disability, lawyer's statement regarding separation, court statements regarding divorce or termination of child support, or death certificate.
6.  Signed copy of 2017 federal tax returns, W2 forms and all other income statements (unemployment, pension, etc.).

**\*If an IRS Data Match was used to provide 2016 tax information on the FAFSA, we must request a signed copy of the 2016 federal tax return to review the appeal.**

**NOTE: If you are submitting your appeal form after January 1, 2019, we will require a signed copy of your 2018 federal tax return, W2 forms and other financial documentation.**

**A-2.** Please complete this page using 2017 income only for the person(s) having the special situation as indicated in Section A-1. Enter "0" if any item does not apply. We cannot assume a blank line to mean "0" or "none".  
**You must submit documentation of ALL income.**

	<u>Student</u>	<u>Spouse (if married)*</u>	<u>Parent(s) (if dependent)*</u>
Gross wages, salaries, tips etc.	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Alimony Received	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____
AFDC/TANF	\$ _____	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____	\$ _____

Any other untaxed income or benefits such as worker's compensation, disability, veteran's non-education benefits, housing, food or other allowances provided to members of the military or clergy, etc.

Benefit Type: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Benefit Type: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\* If you or your parents are recently separated, divorced or widowed, do not include former spouse's income or benefits.

**SECTION B: Extraordinary Medical Expenses (Complete Sections B-1, B-2, C and D)**

**B-1. Medical expenses you paid out of pocket.** This amount must be higher than the standard estimates assigned by the federal financial aid formula. Please ask a Financial Aid Office representative for the standard estimate before you attempt to complete this section.

Total medical insurance premiums paid in 2016 or 2017 \$ \_\_\_\_\_

Total medical expenses not covered by insurance and paid in 2016 or 2017 \$ \_\_\_\_\_

**B-2. Required Documents:** (ALL required documents must be provided before we can review your situation.)

1.  Completed 2018-2019 Verification Worksheet (if not previously submitted)
2.  Signed copy of your **2016 Federal tax return transcript\***, W2 forms and other income documents.
3.  Signed copy of your spouse's separate **2016 Federal tax return transcript\***(if filed separately), W2 forms and other income documents (if married).
4.  Signed copy of your parent(s) **2016 Federal tax return transcript\***, W2 forms and other income documents (if dependent).
5.  Proof of all expenses paid in 2016 or 2017 (i.e. receipts or cancelled checks, etc.)
  - If submitting proof of expenses paid in 2017, please also submit a signed copy of your 2017 federal tax return, W2 forms and other income documents.

\*If an IRS Data Match was used to provide 2016 tax information on the FAFSA, we must request a signed copy of the 2016 federal tax return to review the appeal.

**NOTE:** If you are submitting your appeal form after January 1, 2019, we will require a signed copy of your 2018 federal tax return, W2 forms and other financial documentation.

**SECTION C: Explanation of Change**

Please write a summary of your special circumstances. Please include all relevant dates. You may attach a separate sheet if necessary.

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**SECTION D: Signatures**

I certify that the information provided on this form is true and complete to the best of my knowledge. I have attached all required documentation and I agree to provide additional documentation if requested. I further agree to notify the HVCC Financial Aid Office of any error or omission in the above information. I understand that failure to comply with this agreement could result in forfeiture of financial aid for the student. I also understand that I can submit an Appeal for Additional Federal Assistance only once during my attendance at Hudson Valley Community College.

_____	_____
Student's Signature	Date
_____	_____
Spouse's Signature (if married)	Date
_____	_____
Parent's Signature (if dependent)	Date

**PLEASE NOTE: FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WILL RESULT IN THE UNPROCESSED RETURN OF THIS REQUEST. COMPLETE REQUESTS MUST BE SUBMITTED NO LATER THAN MARCH 1, 2019.**

*Hudson Valley Community College does not discriminate on the basis of gender, race or ethnicity, national origin, religion, disabling condition, marital status or sexual orientation.*

For office use only	
Approved Corrected TR _____, Expect TR _____, EFC= _____	PJ Flag in CPS _____ (check RNANA19 and RNIMS19)
<input type="checkbox"/> Letter Sent, Copy in File	PJDOCS _____
<input type="checkbox"/> Denied – Reason:	
Financial Aid Signature: _____	Date: _____