

Student Information

Last Name: _____ First Name: _____ Middle I: ____ KVCC ID# _____

Instructions

If you have lost income based on one of more of the following conditions, adjustments to your 2017-2018 FAFSA information may be possible. **If your Estimated Family Contribution (EFC) is zero, you are not eligible for an Appeal of Extenuating Circumstances as adjustments to your FAFSA will not change your eligibility for need-based aid.**

Complete each section of this form. **Check the “Not Applicable” box for fields that do not apply to you.**

Appeal for Extenuating Circumstances request form requires you to project out your 2018 income (see pg2).

Section A: Required Documentation

The following documentation is required for **all** appeal circumstances. Required documentation not submitted with this appeal will cause a delay in the review process. You may also submit additional documentation not listed below if you feel it will support your appeal. If you have already submitted these forms to our office, they do not need to be submitted again.

- ✓ You **must attach a signed** written statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation.
- ✓ **2017 Signed Federal Tax Return or Tax Transcript (Tax Account Transcripts will not be accepted)**
- ✓ **Other documents if requested by Financial Aid.**

Section B: Extenuating Circumstances and Additional Documentation Requirements

Check **all** extenuating circumstances that apply to you. Include additional required documentation as requested.

Extenuating Circumstance	Dependent Student	Independent Student	Additional Required Documentation
<input type="checkbox"/> Loss of Employment (Wages in 2018 will be 10% less than in 2016.)	Your or your parent(s)' income earned in 2018 will be less than that earned in 2018	Your (and/or your spouse's) income earned in 2018 will be less than that earned in 2016.	<ul style="list-style-type: none"> • Last pay stub showing year-to-date earnings. • Termination notice from employer • Benefit or denial letter from unemployment • Severance information, if applicable
<input type="checkbox"/> Other Loss of Income <ul style="list-style-type: none"> ▪ Alimony ▪ Child Support ▪ Retirement/Pension ▪ Social Security (taxed) ▪ Worker's Compensation 	You or your parent(s)' received benefits in 2016 which have ceases or been reduced in 2018.	Your (and/or your spouse) received benefits in 2016 which have ceased or been reduced in 2018.	<ul style="list-style-type: none"> • Original 2016 Benefit statement listing the total amount received. • Revised 2018 Benefit statement listing updated amount to receive and effective date.
<input type="checkbox"/> Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2017.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2017.	<ul style="list-style-type: none"> • Divorce decree or separation agreement and proof of separate addresses.
<input type="checkbox"/> Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	<ul style="list-style-type: none"> • Death Certificate
<input type="checkbox"/> One-Time Payment Received	Your parent(s) received a one-time lump sum payment in 2016.	You (and/or your spouse) received a one-time lump sum payment in 2016.	<ul style="list-style-type: none"> • Documents detailing one-time payment amount, source and reason.

Financial Aid Office Location: Frye Building
Mailing Address: 92 Western Avenue, Fairfield, ME 04937
Tel: (207) 453-5822 Toll-free: 1-800-528-5882 ext. 5822 Fax: (207) 453-5030
E-mail: financialaid@kvcc.me.edu www.kvcc.me.edu

KVCC Student ID# _____

Section C: Projected Income and Benefits from January 1, 2018 to December 31, 2018
(A copy of your 2017 tax transcript may be requested at the discretion of the Financial Aid Office)

Source of Income	Check if Item is Not Applicable	Parent / Stepparent 1	Parent / Stepparent 2	Student	Student's Spouse
Wages, Tips, Salary	<input type="checkbox"/>	\$	\$	\$	\$
Interest and/or Dividend Income	<input type="checkbox"/>	\$	\$	\$	\$
Unemployment Compensation	<input type="checkbox"/>	\$	\$	\$	\$
Pensions and/or Annuities	<input type="checkbox"/>	\$	\$	\$	\$
Severance Pay	<input type="checkbox"/>	\$	\$	\$	\$
Retirement Benefits	<input type="checkbox"/>	\$	\$	\$	\$
Disability Benefits	<input type="checkbox"/>	\$	\$	\$	\$
Social Security Benefits (taxable)	<input type="checkbox"/>	\$	\$	\$	\$
Child Support	<input type="checkbox"/>	\$	\$	\$	\$
Alimony	<input type="checkbox"/>	\$	\$	\$	\$
Welfare Benefits	<input type="checkbox"/>	\$	\$	\$	\$
Other: _____	<input type="checkbox"/>	\$	\$	\$	\$
TOTAL OF ALL INCOME:		\$	\$	\$	\$

Section D: One-Time Payment Received (Complete if you selected the One-Time Payment box in Section B)

Source of Income	Check if Item is Not Applicable	Parent / Stepparent 1	Parent / Stepparent 2	Student	Student's Spouse
Amount of One-Time Payment Received in 2016	<input type="checkbox"/>	\$	\$	\$	\$

Certification and Signatures

I certify that all of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all extenuating circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change in financial aid. Decisions are final and will be communicated to the student. This form only applies to federal aid. It cannot be used to change state aid programs such as: Maine State Grant.

Student Signature: _____ Date: _____

Student's Spouse Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Revised 12/19/2017