



2021-2022 FINANCIAL AID CHANGE OF INCOME AND/OR BENEFITS and COST OF ATTENDANCE APPEAL

 Student's Printed Name

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The Student Financial Services Office of Cayuga Community College realizes that students and their families may experience an unforeseen loss of income and/or benefits or during an academic year. In order to be considered for an adjustment in your financial aid, complete and submit this form. Your Request for Consideration may require full verification of information reported on the student's FAFSA, such as reported 2019 income.

Certification Statement:

The information provided on this form is true and complete to the best of my knowledge. I have submitted a copy of the documents listed above and any other supporting documentation requested on this form.

 Student Signature

 Date

 Parent Printed Name

 Parent Signature (if applicable)

 Date

Office Use Only: Appeal Approved _____	Appeal Denied _____
Action Taken: _____	

FA Counselor : _____	Date: _____

Complete Information on Reverse Side

**2021 – 2022 Financial Aid Change of Income and/or Benefits and
Cost of Attendance Appeal**

Please check below the reason that best meets your condition for request:

1. **Widowed, divorced, or separated after completion of your 2021-2022 FAFSA. If parent or student was separated, divorced or widowed BEFORE the FAFSA was completed for 2021-2022, DO NOT COMPLETE THIS FORM. Rather, correct the FAFSA to reflect only the “custodial parent’s” (or student’s) 2019 income. Contact our office if you have questions.**

Submit:

- LETTER OF EXPLANATION. Include date of marital status change (month/year).
- Copy of Divorce decree/separation papers or copy of death certificate.
- Proof of separate addresses if parents separated (copy of lease; utility bills)

2. **Reduction in or Loss of Income or Benefit**

- Loss or Change of Job Effective Date: _____
- Which person experienced a loss of/change in income? Father/Stepfather
 Mother/Stepmother Student/Spouse
- Reason for reduction/loss: Job change Reduced Commissions or Overtime
 New Business Start-Up Retirement Termination by Employer (Provide letter)
 Other (please specify) _____
- Loss of Other Income (i.e. child support, unemployment, taxable social security benefits, etc.)
Date of change: _____
- Person receiving the income Parent(s) Student
- Description of income(s) that were affected _____

Submit:

- LETTER OF EXPLANATION.

3. **Other and/or Cost of Attendance Appeal**

Submit:

- Detailed letter explaining the situation and provide supporting documentation
- Note: Students who already have a “0” Expected Family Contribution (EFC) already receive the maximum Federal grant. However, if you or your family have documented, COVID Caused loss of income, resulting in an educational expense that is no longer accurately reflected in your calculated Cost of Attendance you can submit your letter and documentation to our office through this form.