

Important Note: Applications will not be accepted after December 1st, 2018

In some instances, the Free Application for Federal Student Aid (FAFSA) does not adequately reflect a family's financial situation due to extenuating circumstances. Hocking College has the authority to make adjustments to the information submitted on the FAFSA on a case by case basis. Please submit all requested documentation to enable a thorough review of your appeal. Appeals that demonstrate extenuating circumstances with appropriate documentation will be considered for income adjustments. Submission of this appeal is not a guarantee that any adjustments will be made to your financial aid data. Therefore, you should use the current estimated financial aid awards as the basis of financial assistance you can receive. **Once you have submitted all completed documentation, please allow up to 4-6 weeks for review and processing.**

Student Information (please print clearly)

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Student Name	Stude	$\Pi \Pi H$			

Required Documentation

- The completed Loss of Income Appeal form including the Estimate of Income for 2018, page 2
- A written statement outlining the extenuating circumstances for this appeal signed by the student and a parent (if you are dependent).
- □ If you are a **DEPENDENT** student, complete and submit the V1 Verification forms. You may download the forms at: **https://www.hocking.edu/financial-aid-forms**
- ☐ If you are an **INDEPENDENT** student, complete and submit the V1 Verification forms. You may download the forms at: **https://www.hocking.edu/financial-aid-forms**
- □ Supporting documentation confirming the loss of income (e.g., a copy of the involuntary separation letter from the previous employer)

Examples of extraordinary circumstances may include:

Unusual Expenses:

- · Bankruptcy expenses paid out-of-pocket
- Legal expenses paid out-of-pocket
- · Disability related expenses (e.g., wheelchair, ramping for home)
- · Medical and dental expenses paid out of pocket, not covered by insurance provider
- · Tuition paid for elementary, middle and high school (K-12) at private or parochial schools
- Moving expenses

Involuntary Loss of Wages or Benefits:

- \cdot Loss of Job by income earner
- · Death, divorce, separation of an income earner
- · Disability/injury
- · Loss of benefits (e.g., workers' compensation, child support, etc.)

Hocking College, Financial Aid Services, 3301 Hocking Parkway, Nelsonville, OH 45764 ; Fax: 740.753.7085 ; Email: financialaid@hocking.edu

Hocking College Loss of Income Appeal 2018-2019

Student	Information	(please print clearly)
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Last Name	First Name	MI	Stude	nt ID #			

Estimate of Income for 2018

Complete each section in its entirety. If the line does not pertain to you, enter '0'. In the sections pertaining to benefits, please indicate the recipient of the benefit (e.g., self, mother, step-father, spouse, etc.). List the total income received and estimated from January 1, 2018 through December 30, 2018. If needed, multiply the dollar amount by the appropriate number of weeks/months paychecks to determine the gross amount to list below (e.g., \$1000 x 12 months = \$12,000). If any of the benefits listed below are pending, do not submit this form until you receive confirmation of the amount from the provider.

Please submit copies of benefit paperwork for all that apply below.	Actual (1/1/18 to Today)	Estimated (Today to 12/31/18)	Total	
Gross Income from Work (Attach paystubs for the year.)				
By Parent 1	\$	\$	\$	
By Parent 2 or	\$	\$	\$	
By Student (if Independent)	\$	\$	\$	
By Student's Spouse	\$	\$	\$	
Unemployment Benefits/Worker's Compensation Recipient	\$	\$	\$	
Military/Clergy Housing Allowance Recipient	\$	\$	\$	
Taxable Social Security	\$	\$	\$	
Child Support Received	\$	\$	\$	
Disability Recipient	\$	\$	\$	
Payments to tax-deferred pension and savings	\$	\$	\$	
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh or other retirement plans	\$	\$	\$	
Untaxed portions of pensions or IRA distributions	\$	\$	\$	
Other Income Sources:	\$ \$	\$ \$	\$ \$	

Certification Statement and Signature(s): I (we) hereby acknowledge that I (we) understand that if the requested documentation is not submitted the appeal can be denied. I (we) understand that my FAFSA will be selected for verification to resolve any potential conflicting data. I (we) understand that providing false or misleading information may result in a fine, imprisonment or both. I (we) further understand that the decision of the Financial Aid Department is final. (*If you are a dependent student, at least one of your parents must sign this form*).

Student's Signature

Date