University of Central Missouri Student Financial Services P.O. Box 800 Warrensburg, MO 64093-5178 Phone 660-543-8266 FAX 660-543-8080 On-line: www.ucmo.edu/sfs Documents Only Email:

financialassistance@ucmo.edu

## Recalculation of **Federal Financial Aid Eligibility** 2024/2025

UC	UCM use only					
Recalculation_24.pdf	Page 1 of 2	MAR 21, 2024				
		RECLC <sup>2</sup>				

	700					
Student's Name (please print)	UCM ID Number					
Permanent/Home Mailing Address:						
Number/Street/Apt.	City	State	Zip Code			
Permanent/Home Telephone #	Student Telephon	ne or Cell #				
If you or your parents' total gross income we the 2022 calendar year used on the 2024-202 of Federal Financial Aid Eligibility form wi are handled on a case-by-case basis	25 FAFSA, you may a	ppeal through the submission	on of this Recalculation			
Respond completely and accurately t	to all items on both pa	ages of this document.				
• Submit all required documents.						
Submit copies of both you and your already submitted these documents to www.irs.gov/Individuals/Get-Tran required if you/your parent manually  The total gross income and/or benefits	o our office for FAFSA script or by calling 1-8 v entered the tax data of	A verification, order a tax <u>re</u> 800-908-9946. (Hard copies n the FAFSA or reported an	turn transcript at soft tax return transcripts are soft tax return transcripts are sy foreign income exclusion.)			
the <b>2024 calendar year</b> (January through D the same tax year you used for your FAF)	December) than it was					
<ol> <li>This reduction in gross income and/or be  my father/step-father, and/or my</li> </ol>		heck all that apply): m	e, my spouse,			
2. This reduction in gross income/benefits v	was caused by (mark	only one):				
A change in employment or unempl <b>Documents Needed:</b> (additional do		requested)				
<ul> <li>Personal (signed) Letter of Expla</li> <li>2022 W-2(s) (student, spouse, and</li> </ul>	d/or parent(s))					
<ul><li>Final pay-stub showing YTD earn applicable)</li><li>Termination Letter on company letter on co</li></ul>	C					
<ul> <li>Unemployment Benefits Stateme</li> <li>Current pay-stub showing YTD e</li> </ul>	ent (if applicable)					
Divorce or separation on the following	ng date:					
<b>Documents Needed:</b> (additional docume		ested)				
<ul> <li>A copy of 2022 Missouri tax retu</li> <li>A copy of divorce decree, legal somember of clergy, etc., written or separate addresses for each party</li> </ul>	eparation agreement, n professional letterhe					
Retirement. <b>Documents Needed:</b> Please provide sep benefits such as social security, IRA			arrent 2024 statement of			

Page 2 of 2	RECLC1	Student's Last Name	UCM # 700		
De	ath of an individu	al on the following date:			
		lditional documentation may be r	requested)		
0	A copy of the de				
0		22 Missouri state tax return of any life insurance benefits alrea	ady received or anticipated due to the death.		
	_	- <del> </del>			
	sability: nents Needed: (ad	lditional documentation may be r	requested)		
O	Attach a (signed)	letter of explanation, indicating t	the type(s) and amount(s) of benefits lost and how lo	ong the	
	benefits were/will be received during the 2024 year.				
0	Submit a copy of	any documentation verifying the	disability.		
	ss of financial ben				
Docun o		ditional documentation may be replaced letter of explanation about the ty	equested) /pe(s) and amount(s) of benefits lost, and how long	the benefits	
	were/will be rece	eived during the 2024 year.			
0	Submit a copy of	f any documentation verifying thi	is loss of financial benefits.		
			r will cause) your and/or your family's financial res		
		ndar year than they were in 2022, and these circumstances.	attach a (signed) letter of explanation $\underline{and}$ include	le	
docui	nentation verifyi	ng these circumstances.			
	En		ation MUST be provided.  ed gross income or benefit for that item.		
	LII	ter <b>o</b> il there will be no expecte	ed gross income or benefit for that item.		
		s income and benefits expected ) for all family members:	to be received during the 12-month 2024 calend	ar year	
Е	arnings from emp	oloyment - student	\$		
Е	arnings from emp	oloyment – spouse (if applicable)	\$		
E	arnings from emp	ployment - mother/stepmother	\$		
			\$		
			\$		
U	Jnemployment Be	nefits	\$		
			\$		
	•		\$		
			\$		
		=	ar\$		
knowledge been subm	I (we) promise to itted. I (we) under	o notify UCM Student Financial Se	his request is <b>true and accurate</b> to the best of my (ou cryices if the above information changes <b>after</b> this doce UCM Office of Student Financial Services <b>may or n</b>	ument has	
Student Si	gnature		Date	-	
Spouse Sig	gnature		Date	-	
Father/Ste	p-father Signature	)	Date	_	
			Date		
(1100 Wa (660-543-8	ard Edwards Bldg 080). <u>If all docume</u>	g.), or by mail (Student Financial entation has not been submitted t	Services, P.O. Box 800, Warrensburg MO 64093-51 there will be delays in processing.  cial Services Use Only	78), or by fax	
[ ]	Approved [	] Denied Counselor Sig	gnature:		