

# Recalculation of Federal Financial Aid Eligibility 2018/2019

UCM use only

Recalculation\_18.pdf Page 1 of 2 Feb 27, 2018

RECLC1

Student's Name (please print) \_\_\_\_\_ 700 \_\_\_\_\_  
UCM ID Number

**Permanent/Home Mailing Address:**

Number/Street/Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent/Home Telephone # \_\_\_\_\_ Student Telephone or Cell # \_\_\_\_\_

Unexpected circumstances or events beyond your control can impact the financial resources you and/or your family may have set aside to pay the educational and living expenses of attending UCM. These circumstances or events often cannot be reflected on your 2018/2019 Free Application for Federal Student Aid (FAFSA) or they may have occurred **after** you submit your 2018/2019 FAFSA. Appeals are reviewed by a committee and are handled on a case-by-case basis. Therefore...

- Respond completely and accurately to **all items on both pages** of this document.
- Submit all required documents.
- Submit copies of both you and your parents' 2016 **tax return transcripts**. If you have not already submitted these documents to our office for FAFSA verification, order a tax return transcript at [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript) or by calling **1-800-908-9946**. (Hard copies of tax return transcripts are required even if you/your parent utilized the IRS Data Retrieval Tool when completing the FAFSA.)

The **total gross income and/or benefits** received by me, my parent(s), and/or my spouse **will be lower** for the **2018 calendar year** (January through December) than it was for the **2016 calendar year: (2016 is used as it is the same tax year you used for your FAFSA.)**

1. This reduction in gross income and/or benefits occurred for (check all that apply): \_\_\_ me, \_\_\_ my spouse, \_\_\_ my father/step-father, and/or \_\_\_ my mother/step-mother.
2. This reduction in gross income/benefits was caused by (mark only one):

\_\_\_ Involuntary change in employment or unemployment.

**Documents Needed:** (additional documentation may be requested)

- o Personal (signed) Letter of Explanation detailing circumstances
- o 2016 W-2(s) (student, spouse, and/or parent(s))
- o Final pay-stub showing YTD earnings for whomever the income has been reduced or lost (if applicable)
- o Termination Letter on company letterhead with signature and contact information
- o Unemployment Benefits Statement (if applicable)
- o Current pay-stub showing YTD earnings for whomever the loss occurred (if applicable)

\_\_\_ Divorce or separation on the following date: \_\_\_\_\_

**Documents Needed:** (additional documentation may be requested)

- o A copy of 2016 Missouri tax return
- o A copy of divorce decree, legal separation agreement, letter from attorney or other professional (counselor, member of clergy, etc., written on professional letterhead stationary), or current billing statements showing separate addresses for each party is also required.

\_\_\_ Retirement.

**Documents Needed:** Please provide separation letter, copies of 2016 W-2 for retiree, current 2018 statement of benefits such as social security, IRA distributions, or other means of funding.

\_\_\_ Death of an individual on the following date: \_\_\_\_\_

**Documents Needed:** (additional documentation may be requested)

- A copy of the death certificate
- A copy of the 2016 Missouri state tax return
- An explanation of any life insurance benefits already received or anticipated due to the death.

\_\_\_ Disability:

**Documents Needed:** (additional documentation may be requested)

- Attach a (signed) letter of explanation, indicating the type(s) and amount(s) of benefits lost and how long the benefits were/will be received during the **2018** year.
- Submit a copy of any documentation verifying the disability.

\_\_\_ Loss of financial benefits:

**Documents Needed:** (additional documentation may be requested)

- Attach a (signed) letter of explanation about the type(s) and amount(s) of benefits lost, and how long the benefits were/will be received during the **2018** year.
- Submit a copy of any documentation verifying this loss of financial benefits.

3. If **other circumstances beyond your control** caused (or will cause) your and/or your family's financial resources to be lower for the 2018 calendar year than they were in 2016, **attach a (signed) letter of explanation and include documentation verifying these circumstances.**

**The following information MUST be provided.**  
*Enter '0' if there will be no expected gross income or benefit for that item.*

Following are the **total gross income and benefits expected to be received during the 12-month 2018 calendar year** (January through December) for **all** family members:

Earnings from employment - student .....	\$ _____
Earnings from employment – spouse (if applicable) .....	\$ _____
Earnings from employment - mother/stepmother .....	\$ _____
Earnings from employment - father/stepfather .....	\$ _____
Child Support received .....	\$ _____
Unemployment Benefits .....	\$ _____
Disability Benefits .....	\$ _____
Veteran Benefits .....	\$ _____
Other ( <b>submit a signed letter of explanation</b> ) .....	\$ _____
<b>Total for the 12-month 2018 calendar year .....</b>	<b>\$ _____</b>

I (we) certify that the information provided on (and included with) this request is **true and accurate** to the best of my (our) knowledge. I (we) promise to notify the UCM Office of Student Financial Services if the above information changes **after** this document has been submitted. I (we) understand that any adjustments made by the UCM Office of Student Financial Services **may or may not** result in an increase in my federal financial aid eligibility.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Father/Step-father Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Mother/Step-mother Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete and submit this form and **all supporting documents** to the UCM **Office of Student Financial Services** in person (1100 Ward Edwards Bldg.), or by mail (Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080). **If all documentation has not been submitted there will be delays in processing.**

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[ ] Approved [ ] Denied Counselor Signature: \_\_\_\_\_