

## FINANCIAL AID OFFICE

## 2018-2019 Special Circumstances Appeal

Student ID#\*

Student Name

(Last Name, First Name)

\*for new students, the Student ID# can be found on the Financial Aid Award Letter

The Special Circumstances Appeal form allows you to explain changes in your family's financial situation during the 2017 or 2018 calendar year(s) and for us to review circumstances not considered when you completed the 2018-2019 FAFSA. This financial situation may be due to loss of a job, separation, divorce, death, disability, unusual medication expenses, or other circumstances. If your family has experienced a prolonged and significant decline in family income, you may be eligible for additional financial aid funds for the current academic year.

The Committee will **not** consider consumer debt (e.g., auto loans, credit card payments, foreclosure, bankruptcy) as a condition for consideration. If your appeal is approved, your eligibility for federal and/or institutional financial aid will be reevaluated. Submission of this form does not guarantee a change in your financial aid eligibility or award(s). The decision of the Financial Aid Director is **final** and cannot be appealed to the Department of Education.

**Important!**

All applications **MUST** include the following. Incomplete appeals **will not** be considered.

1. A fully completed and signed **Special Circumstances Appeal Form**. A reason for appeal **must** be selected.
2. **2016 Tax Return Transcript**  
A 2016 IRS Tax Return Transcript may be obtained through:
  - Get Transcript by Mail – Go to [www.irs.gov](http://www.irs.gov), click on Get your Tax Record, then click “Get Transcript by MAIL.” Make sure to request the “IRS Tax Return Transcript” and **NOT** the “IRS Tax Account Transcript.” The transcript is generally received within 10 business days from the IRS’s receipt of the online request.
  - Get Transcript ONLINE- This option is only available if you have a Get Transcript Online login and is unavailable to new users at this time.
  - Automated Telephone Request – 1-800-908-9946. Transcript is generally received within 10 days from the IRS’s receipt of the telephone request.
  - Paper Request Form – IRS Form 4506T-EZ or IRS Form 4506-T. The transcript is generally received within 10 business days from the IRS’s receipt of the paper request form.
3. **2016 W-2** Earning Statement(s)
4. **Typed** letter of circumstances
5. **Additional documentation required** based on your reason for appeal. Please refer to **Reason for Appeal chart** for specific documents required

**Situations that will not be considered include; voluntary** private secondary education tuition, car payments/insurance, personal bankruptcy, loss of home equity, unemployment of less than 4 month, or consumer debt.

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**I. REASON FOR APPEAL (PLEASE SELECT THE BOX(S) THAT BEST DESCRIBE YOUR CIRCUMSTANCES)**

Select One	Reason for Appeal	Please provide the following documents. If documents are not available, please provide a detailed explanation.
	<b>1. LOSS OF EMPLOYMENT/REDUCTION IN WAGES IS PROJECTED TO BE LOWEST IN 2018</b>  <b>Who experienced a loss of/change in income?</b> <input type="checkbox"/> Father/Step Father <input type="checkbox"/> Mother/Step Mother <input type="checkbox"/> Self <input type="checkbox"/> Your Spouse (if married)  <b>When did this occur?</b> _____	<input type="checkbox"/> Copy of most recent year to date pay stub(s) <input type="checkbox"/> Signed and dated letter (on company letterhead) from employer listing last day of employment <input type="checkbox"/> A statement of severance payments and benefits from your employer (if applicable). <input type="checkbox"/> A statement detailing unemployment benefits (if applicable) <input type="checkbox"/> If Self-employed, please provide a letter from your CPA or tax preparer to confirm your loss of business income. <input type="checkbox"/> Estimated Income form.
	<b>2. LOSS OF BENEFIT/NON WORK RELATED INCOME</b> (child support, alimony, etc.)  <b>Person receiving the benefit</b> <input type="checkbox"/> Parent <input type="checkbox"/> Student  <b>Type of Benefits Received</b> _____  <b>Date of Change</b> _____  <b>Amount Received from Jan. 1, 2018 to present \$</b> _____  <b>Amount Expected to Receive from present to Dec. 31, 2018 \$</b> _____	<input type="checkbox"/> Any appropriate documentation of termination of benefits/support/income (ex. court documents)  <b>*There is no need to complete estimated income form*</b>
	<b>3. ONE TIME INCOME RECEIVED</b> (for example – early distribution from IRA account).	<input type="checkbox"/> Documentation of one-time income <input type="checkbox"/> Verification of use of funds. Payments toward consumer debt will not be considered.  <b>*There is no need to complete estimated income form*</b>
	<b>4. PARENT'S SEPARATION/DIVORCE AFTER FAFSA FILED</b> <i>(parties living in the same household will not be considered)</i>  <b>Date of Separation/Divorce</b> _____ <b>Which parent does student live with? (Select One)</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Copy of separation agreement, divorce decree or substantial evidence (mortgage/lease/utility bills) proving parents live in separate residences <input type="checkbox"/> If taxes filed jointly a supplemental statement must be included showing how much income is attributable to each person.  <b>*There is no need to complete estimated income form*</b>



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	<p><b>5. DEATH OF A PARENT OF PARENT/SPOUSE AFTER FAFSA WAS FILED</b></p> <p>Date of Death _____</p> <p><input type="checkbox"/> Mother/Step <input type="checkbox"/> Father/Step <input type="checkbox"/> Spouse</p> <p>Was this person listed on the FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Copy of death certificate</p> <p><b>*There is no need to complete estimated income form*</b></p>
	<p><b>6. PARENT ENROLLED IN DEGREE SEEKING PROGRAM DURING 2018-2019 ACADEMIC YEAR (MUST BE ENROLLED AT LEAST HALF TIME)</b></p>	<p><input type="checkbox"/> Proof of registration (including number of credits)</p> <p><input type="checkbox"/> Proof that a parent is enrolled in a degree seeking program</p> <p><input type="checkbox"/> Documentation of any cost reimbursement<sup>3</sup></p> <p><b>*There is no need to complete estimated income form*</b></p>
	<p><b>7. OTHER EXTENUATING CIRCUMSTANCE. For Example: EDUCATIONAL LOAN PAYMENTS, DEPENDENT CARE, ELDERLY CARE, FUNERAL EXPENSES, LEGAL EXPENSES, HOME REPAIRS DUE TO DAMAGE</b></p>	<p><input type="checkbox"/> Submit any relevant and supporting Documentation</p> <p><b>*There is no need to complete estimated income form*</b></p>

#### II. Estimated 2018 Income – Required if your total income in 2018 will be lower than your 2016 income

- Complete both tables. **Report only the income of the impacted person before exemptions, adjustments, and deductions.** For example, if the father's income declined, only report estimated income for the father.
- Income all income/benefits that you or your parents/spouse expect to **receive from 1/1/2018 to 12/31/2018**
- Complete all items. **If an item doesn't apply, you must enter "0"**

Estimated Income for January 1, 2018 - December 31, 2018			
Sources of Taxable Income	Dependent Students	Father	Mother
	Independent Students	Student	Spouse
Gross earnings from work (Wages, Salaries, Tips)		\$	\$
Severance pay		\$	\$
Gross unemployment compensation		\$	\$
Business or farm income		\$	\$
Interest, dividends and capital gains income		\$	\$
Rental income		\$	\$
Farm/ranch net income		\$	\$
Taxable pension and/or annuity income		\$	\$
IRA/Retirement account withdrawals		\$	\$
Taxable Social Security benefits/disability		\$	\$
Spousal maintenance/Alimony received		\$	\$
Any other taxable income		\$	\$
<b>Total 2018 Estimated Taxed Income</b>		\$	\$



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Sources of Untaxable Income	Dependent Students	Father	Mother
	Independent Students	Student	Spouse
Child support received for all children in the household		\$	\$
Payments to tax-deferred pension and savings plans		\$	\$
IRA deductions & payments to SEP, SIMPLE, Keogh		\$	\$
Tax exempt interest income		\$	\$
Untaxed portions of IRA distributions or pensions		\$	\$
Any other untaxed income and benefits such as Workers Compensation, disability, etc.		\$	\$
Housing, food and other living expenses paid to you		\$	\$
Veterans non-education benefits, such as disability, death pension, or dependency and indemnity compensation		\$	\$
Other untaxed income		\$	\$
<b>Total 2018 Estimated Untaxed Income</b>		\$	\$

### III. Certification

#### BEFORE SUBMITTING, PLEASE CERTIFY THAT THE REQUIRED DOCUMENTS ARE INCLUDED:

- ☐ Fully Completed and Signed Special Circumstances Appeal Form
- ☐ **ALL** supporting documents listed with the Reason for Appeal

In signing this form, I certify that I understand the following:

- The decision of the Financial Aid Director is **final**; there is no appeal process to the Department of Education.
- Incomplete appeals will not be reviewed.
- This request for re-evaluation neither guarantees any adjustment to your financial aid award nor does it prevent the accrual of late fees on past due student account balances. For more information on financing options that may be available to your family to address any current unpaid account balances, please contact the Financial Aid Office.
- Due to the complexity of Special Circumstance Appeals, please allow 3-4 weeks for processing once a complete appeal package has been submitted.

**Certification:** I certify that the information on my 2018-2019 FAFSA is accurate and that the information I submit in this appeal is true and complete to the best of my knowledge. We cannot accept digital signatures. This form must be printed and signed by hand.

Student Signature (handwritten, not typed)

Date

Parent Signature (if dependent, handwritten, not typed)

Date

Parent Phone Number