

| Student ID#* | Student Name | (Last Name, First Name) | |
|--------------|--------------|-------------------------|--|

The Special Circumstances Appeal form allows you to explain changes in your family's financial situation during the 2018 or 2019 calendar year(s) and for us to review circumstances not considered when you completed the 2020-2021 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. A signed copy of the 2018 and 2019 Federal IRS Tax Return (IRS 1040, 1040A, etc)
- 3. 2018 W-2 Earning Statement(s)
- 4. **Typed** letter of circumstances
- 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.

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



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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. |
|---------------|--|---|
| | 1. LOSS OF EMPLOYMENT/REDUCTION IN WAGES IS PROJECTED TO BE LOWEST IN 2020 Who experienced a loss of/change in income? □ Father/Step Father □ Mother/Step Mother □ Self □ Your Spouse (if married) When did this occur? 2. LOSS OF BENEFIT/NON WORK RELATED INCOME | □ Copy of most recent year to date pay stub(s) □ Signed and dated letter (on company letterhead) from employer listing last day of employment □ A statement of severance payments and benefits from your employer (if applicable). □ A statement detailing unemployment benefits (if applicable) □ If Self-employed, please provide a letter from your CPA or tax preparer to confirm your loss of business income. □ Estimated Income form. □ Any appropriate documentation of termination |
| | (child support, alimony, etc.) Person receiving the benefit □ Parent □ Student Type of Benefits Received □ Date of Change □ Amount Received from Jan. 1, 2020 to present \$□ | of benefits/support/income (ex. court documents) *There is no need to complete estimated income form* |
| | Amount Expected to Receive from present to Dec. 31, 2020 \$ | |
| | 3. ONE TIME INCOME RECEIVED (for example – early distribution from IRA account). | ☐ Documentation of one-time income ☐ Verification of use of funds. Payments toward consumer debt will not be considered. |
| | | *There is no need to complete estimated income form* |
| | 4. PARENT'S SEPARATION/DIVORCE AFTER FAFSA FILED (parties living in the same household will not be considered) Date of Separation/Divorce Which parent does student live with? (Select One) Mother Father | □ Copy of separation agreement, divorce decree or substantial evidence (mortgage/lease/utility bills) proving parents live in separate residences □ If taxes filed jointly a supplemental statement must be included showing how much income is attributable to each person. |
| | | *There is no need to complete estimated income form* |



FINANCIAL AID OFFICE

2019-2020 Special Circumstances Appeal

| Student ID# | Student N | ame | (Last Name, First Name) | |
|-------------|---|---------------------|-------------------------|--|
| | 5. DEATH OF A PARENT OF PAR WAS FILED | ENT/SP | OUSE AFTER FAFSA | ☐ Copy of death certificate |
| | Date of Death | _ | | *There is no need to complete estimated income form* |
| | ☐ Mother/Step ☐ Father/Ste | p 🗆 Sp | oouse | |
| | Was this person listed on the Fa | AFSA? [| ☐ Yes ☐ No | |
| | 6. PARENT ENROLLED IN DEGRE DURING 2020-2021 ACADEMIC AT LEAST HALF TIME) | | | □ Proof of registration (including number of credits) □ Proof that a parent is enrolled in a degree seeking program □ Documentation of any cost reimbursement3 *There is no need to complete estimated income form* |
| | 7. OTHER EXTENUATING CIRCU EDUCATIONAL LOAN PAYMENT ELDERLY CARE, FUNERAL EXPENDAMENT REPAIRS DUE TO DAMA | S, DEPE ISES, LE | NDENT CARE, | □ Submit any relevant and supporting Documentation *There is no need to complete estimated income form* |

II. Estimated 2020 Income – Required if your total income in 2020 will be lower than your 2018 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 1/1/2020 to 12/31/2020
- Complete all items. If an item doesn't apply, you must enter "0"

| Courses of Touchle Income | Dependent Students | Father | Mother |
|--|----------------------|---------|--------|
| Sources of Taxable Income | 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 | | \$ | \$ |
| Total 2020 Estimated Taxed Income | | \$ | \$ |



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| | Dependent Students | Father | Mother |
|--|----------------------|---------|--------|
| Sources of Untaxable Income | 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 | | \$ | \$ |
| Total 2020 Estimated Untaxed Income | | \$ | \$ |

III. Asset Information

Please report **NET ANNUAL** amount **(total value minus total debt)** as of **today's date**. If an item does not apply to you and/or your spouse (if married) or your parent(s) (if dependent), please write "**N/A**" for amounts.

Example: If your summer home is currently valued at \$340,000 and \$45,000 is still owed on it, the NET value is \$295,000.

Note: DO NOT include value of life insurance and retirement plans (<u>i.e. 401K, pension, annuities</u>, etc.)

| Type of Asset | Student/Spouse (if married) Amount: As of the date of this form | Parent(s)/Step-Parent (if dependent Amount: As of the date of this form |
|---|---|---|
| Cash, Savings, and Checking. Do not include financial aid. | | |
| Coverdell and 529 College Savings Plans (if DEPENDENT list value under parent, if INDEPENDENT list value under student) | | |
| Second Home/Summer Home/Rental Property (NOT your primary residence) | | |
| Money market funds, mutual funds, & certificate of deposit | | |
| Stocks, bonds, & other securities | | |
| Business value/debt (include market value of land, buildings, machinery, equipment, inventories, etc. /Include mortgage and related liens or debt where the business was used as collateral.) Do not include: the value of a small business that you and/or parents own and control that has 100 or fewer full-time or full-time equivalent employees. | | |
| Investment Farm (DO NOT include a family farm if it is the principle place of residence AND you materially participate in its operation as claimed on Schedule F on the federal tax return. | | |



| F | | | | | |
|---|---------------------------------|------------------------------|--|--|--|
| If you have assets on a Schedule E, please list their total NET value and attach Schedule E/K/K-1 of your 1040 (i.e. estates, royalties, partnerships, S | | | | | |
| corporations, trusts). | | | | | |
| S Corporation – If the S Corporation has been formed for a family-owned | | | | | |
| business with fewer than 100 employees, then there is no need to include an | | | | | |
| asset value for the S Corporation. If the S Corporation is NOT for a family business as described above, then please provide the asset value of the | | | | | |
| student's or parent's (if the student is dependent) share of the S corporation. | | | | | |
| Land and/or installment sale contracts (mortgages held on which you | | | | | |
| RECEIVE payment) | | | | | |
| Other titled assets not listed above, commodities, precious & strategic metals | | | | | |
| IV. Certification | | | | | |
| BEFORE SUBMITTING, PLEASE CERTIFY THAT T | HE DEVILIBED DOCLIE | MENTS ADE INCLLIDED. | | | |
| DEFORE SUBMITTING, PLEASE CENTIFY THAT I | HE REQUIRED DOCUI | VIEW 13 ARE INCLUDED. | | | |
| ☐ Fully Completed and Signed Special Circumstances Appeal Fo | rm | | | | |
| $\hfill \square$ ALL supporting documents listed with the Reason for Appeal | | | | | |
| In signing this form, I certify that I understand the following: | | | | | |
| • The decision of the Special Circumstances committee is final ; | there is no appeal process to t | he Department of Education. | | | |
| Incomplete appeals will not be reviewed. | | | | | |
| This request for re-evaluation neither guarantees any adjustn of late fees on past due student account balances. For more your family to address any current unpaid account balances, | information on financing opti- | ons that may be available to | | | |
| Due to the complexity of Special Circumstance Appeals, please package has been submitted. | e allow 3-4 weeks for processir | ng once a complete appeal | | | |
| Certification: I certify that the information on my 2020-2021 FAFSA 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