Office of Financial Aid

2017 - 2018 Special Circumstance Form Appeal

This form is used by those who may have special circumstances that may change financial aid eligibility

Name: ___________________________________________ SSN or Student ID: _______________________

Phone: ____________________________ E-mail: _____________________________________________

This application should be used to request a review of special circumstances that have arisen which you feel may change your financial aid eligibility. We require that certain documents be provided to support the specific condition selected by you or your parents. We will evaluate the supporting documents along with your FAFSA to determine if you are eligible for any adjustments. This means that a student who meets a special condition in the 2017-2018 award year may have his/her eligibility calculated using expected income in 2016.

Required Documentation for All Conditions

2015 copy of Parents’ IRS Tax Return Transcripts including all schedules, W-2’s and 1099s. If parents filed separate, please provide both IRS Tax Return Transcripts for dependent students. For Independent students, provide 2015 copy of Students and Spouse (if you have one) including all schedules, W-2’s and 1099. Please provide supporting documentation for income of benefits listed for 2016 (i.e. 2016 W-2, most recent pay stub, statement from agency of benefits received, etc.) Your request will not be considered if the required information is not provided.

Household Information

Dependent Students - Dependent Student’s Family Information

List ALL the people in your parent(s)’ household include: (A) yourself and your parent(s) (including a stepparent) even if you don’t live with your parent(s); (B) your parent(s)’ other children, if your parent(s) will provide more than 50% of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards, even if they do not live with your parent(s).

Independent Students - Independent Student’s Family Information

List below the people in your household, include: (A) Yourself (B) Your spouse, if you are married. (C) Your children, if any, if you will provide more than 50% of their support from July 1, 2017 through June 30, 2018, or if the child would be required to provide your information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards, even if they do not live with you.

If more space is needed, attach a separate page with your name and Social Security Number at the top.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Explanation of Conditions and Additional Required Documents

A.) Parental loss of employment for more than 10 consecutive weeks in 2016 (This must be a complete loss of employment).
(Only check one condition that applies to your situation and provide the documentation listed.)
Failure to provide the requested documentation will result in no further processing of this request.

☐ Termination or cessation of employment for ________ weeks in 2016

Acceptable documentation for termination or cessation of employment:
• Notice of termination/cessation from employer
• Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
• Notice of application for unemployment compensation (if applicable) and amount received
• Documentation on all other sources of parent(s) income (taxable and non-taxable)
• Attending doctor’s statement of disability
• Notification of Workers’ Compensation
• Employer disability payments

☐ Disability or natural disaster; unable to earn income for ________ weeks in 2016

Acceptable documentation for disability or natural disaster: Date
• Disability resulted in termination of employment documentation
• Official Declaration of Natural Disaster status
• Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
• Documentation on all other sources of parent(s) income (taxable and non-taxable)
• Attending doctor’s statement of disability
• Notification of Worker’s Compensation
• Employer disability payments

B.) Parental loss of untaxed income or benefit for more than 10 consecutive weeks in 2016
(Only check one condition that applies to your situation and provide the documentation listed). This must be a complete loss of the benefit. The untaxed income or benefit must be from a public or private agency, from a company, or from a person because of court order. Do not include Veterans’ educational benefits.
Failure to provide the requested documentation will result in no further processing of this request.

☐ Loss of unemployment compensation for ________ weeks in 2016

Acceptable documentation for loss of unemployment compensation:
• Notice of application for unemployment compensation (if applicable) and amount received
• Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
• Documentation on all other sources of parent(s) income (taxable and non-taxable)

☐ Loss of Social Security benefits for ________ weeks in 2016

Acceptable documentation for loss of social security benefits:
• Notification of loss of benefits from provider of benefit
• Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
• Documentation on all other sources of parent(s) income (taxable and non-taxable)
☐ Loss of Disability benefits for ______ weeks in 2016

**Acceptable documentation for loss of disability benefits:**
- Notice of termination/cessation from employer
- Notification of loss of benefit from provider of benefit
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)

☐ Loss of Welfare benefits for ______ weeks in 2016

**Acceptable documentation for loss of welfare:**
- Notification of loss of benefits from provider of benefit
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)

☐ Loss of Court Ordered Child Support for ______ weeks in 2016

**Acceptable documentation for loss of court ordered child support:**
- Court documents verifying loss and date/conditions of loss
- Copy of most recent Pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)

☐ Other ___ weeks in 2016

C.) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, your parents have separated or divorced.

Failure to provide the requested documentation will result in no further processing of this request.

Please provide the dates your parents separated or divorced

Mo./Day/Yr.

**Acceptable documentation:**
- Court documented separation agreement, OR
- Divorce decree/ settlement
- Documentation to support separate residency for 6 months or more (i.e. copy of lease, deed or utility bills.)

D.) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, a parent or spouse is deceased.

Failure to provide the requested documentation will result in no further processing of this request.

Please provide the date of your parents or spouse death

Mo./Day/Yr.

**Acceptable documentation:**
- Copy of parent’s or spouse death certificate
### 2016 INCOME ESTIMATION TABLE January 1, 2016– December 31, 2016

Provide documentation or statement verifying how you arrived at the following figures:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount: $_______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from work by student</td>
<td></td>
</tr>
<tr>
<td>Income from work by student’s spouse</td>
<td></td>
</tr>
<tr>
<td>Income from work by father/stepfather</td>
<td></td>
</tr>
<tr>
<td>Income from work by mother/stepmother</td>
<td></td>
</tr>
</tbody>
</table>

**PROVIDE DOCUMENTATION**

Other taxable income — List sources (i.e., unemployment compensation, disability benefits, interest and dividend income, alimony, pensions, real estate income, capital gains/losses, and all other taxable income):

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount: $_______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td></td>
</tr>
<tr>
<td>Source</td>
<td></td>
</tr>
</tbody>
</table>

**PROVIDE DOCUMENTATION**

Nontaxable income — List sources (i.e., TANF, Social Security benefits, child support, and all other non-taxable income):

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount: $_______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td></td>
</tr>
<tr>
<td>Source</td>
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</tr>
</tbody>
</table>

**Certification:**

All of this information contained in this application is true to the best of my/our knowledge. If intentionally false or misleading information is provided on this application in an attempt to obtain federal financial aid, I understand that a fine of up to $10,000, and/or a prison sentence could result. I understand that underestimating projected income may result in reduced aid eligibility, repayment of aid, or both, in this year and/or the next year.

**Print student’s name**

**Student’s signature**

**Date**

**Print Father’s name (Dependent Students Only)**

**Father’s signature**

**Date**

**Print Mother’s name (Dependent Students Only)**

**Mother’s signature**

**Date**