



**Office of Financial Aid**  
**2018-2019 Special Circumstance Appeal Form**  
**Federal Student Aid Programs**

\*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 might 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 2018-2019 award year may have his/her eligibility calculated using expected income in 2017.

**Required Documentation for All Conditions**

Provide 2016 Tax Return Transcript including all schedules, W-2's and 1099s for anyone listed in the household. If parents filed separate, please provide both IRS Tax Return Transcripts for dependent students. For Independent students, provide 2016 copy of Students and Spouse (if applicable) including all schedules, W-2's and 1099. Please provide supporting documentation for income of benefits listed for 2016 (i.e. 2017 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**

- The student.
- The parents (including a stepparent) even if the student does not live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018-2019. Include children who meet either of these standards, even if a child does not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2019.

**Independent Students - Independent Student's Family Information**

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2018, through June 30, 2019, even if a child does not live with the student.
- Other people if they now live with the student and the student and spouse provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2019.

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

| Full Name | Age | Relationship | College | Will be Enrolled at Least Half Time |
|-----------|-----|--------------|---------|-------------------------------------|
|           |     | <i>Self</i>  |         |                                     |
|           |     |              |         |                                     |
|           |     |              |         |                                     |
|           |     |              |         |                                     |
|           |     |              |         |                                     |

## Explanation of Conditions and Additional Required Documents

**A.) Parental loss of employment for more than 10 consecutive weeks in 2017** (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 2017  
***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 2017  
***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' Compensation
  - Employer disability payments

**B.) Parental loss of untaxed income or benefit for more than 10 consecutive weeks in 2017**  
**(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 2017  
***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 2017  
***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 2017  
**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 2017  
**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 2017  
**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 \_\_\_\_\_ for \_\_\_\_\_ weeks in 2017

**C.) You have already filed your Free Application for Federal Student Aid (FAFSA) and, since that time, you and your spouse (Independent student ONLY) OR parents (Dependent student ONLY) have separated or divorced.**

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

Please provide the date of separation or divorce

\_\_\_\_\_ Mo./Day/Yr.

Please provide who separated or divorced: (check one)

- Student and Spouse**  
 **Parents**

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) 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

Acceptable documentation:

\_\_\_\_\_ Mo./Day/Yr.

- Copy of parent's or spouse death certificate

**2017 INCOME ESTIMATION TABLE January 1, 2017– December 31, 2018**

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

|                                       |                  |
|---------------------------------------|------------------|
| Income from work by student           | Amount: \$ _____ |
| Income from work by student's spouse  | Amount: \$ _____ |
| Income from work by father/stepfather | Amount: \$ _____ |
| Income from work by mother/stepmother | Amount: \$ _____ |

**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):

|               |                  |
|---------------|------------------|
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |
|               | Total: \$ _____  |

**PROVIDE DOCUMENTATION**

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

|               |                  |
|---------------|------------------|
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |
| Source: _____ | Amount: \$ _____ |
|               | Total: \$ _____  |

Explain below what has caused the changes in your family's circumstances. Attach a separate sheet if necessary.

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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