



## 2017-2018 SPECIAL CIRCUMSTANCES APPEAL

NAME \_\_\_\_\_

STUDENT ID# \_\_\_\_\_

Consideration of unusual or extraordinary circumstances may be warranted for situations that were beyond your control. The information you provide will be reviewed when determining your federal aid eligibility for the 2017-18 academic year.

**Submission of this information does not guarantee an adjustment will be made to your file.**

The information below is being provided about:  Student  Student's Spouse  Parent

**Step 1:** Please review and indicate which special circumstance applies to you. Documentation listed as **required** but not submitted along with this form may cause a delay in our ability to review your request until every required document has been received. If any of the required documentation is not applicable to your circumstance, please indicate that in your explanation of the circumstance. Additional documentation that helps support your appeal, even if not listed as required, can be submitted as well. List your Student ID number at the top of all submitted documents. Documents submitted will not be returned.

SPECIAL CIRCUMSTANCE	FOR A DEPENDENT STUDENT	FOR AN INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of Employment	You or your parent(s) income earned in 2016 and/or 2017 will be less than what was earned in 2015.	You (and/or your spouse's) income earned in 2016 and/or 2017 will be less than what was earned in 2015.	Complete copies of: <ul style="list-style-type: none"> <li>• Explanation of Special Circumstances</li> <li>• 2015 IRS Tax Transcript and W-2 forms (if it's not on file)</li> <li>• 2016 IRS Tax Transcript and W-2 forms</li> <li>• Unemployment Award Letter</li> <li>• Last pay stub showing year-to-date earnings</li> <li>• Termination notice from employer</li> <li>• Severance Pay Information</li> </ul>
<input type="checkbox"/> Other Loss of income or Extraordinary Expenses <ul style="list-style-type: none"> <li>• Alimony</li> <li>• Child Support</li> <li>• Retirement/ Pension</li> <li>• Social Security (taxed)</li> <li>• Worker's Compensation</li> <li>• Medical/Dental</li> </ul>	<p>You or your parent(s) received benefits in 2015 which you are no longer receiving.</p> <p>You or your parent(s) had expenses not covered by insurance and are more than the expected cost of attendance.</p>	<p>You (and/or your spouse) received benefits in 2015 which you are no longer receiving.</p> <p>You (and/or your spouse) had expenses not covered by insurance and are more than the expected cost of attendance.</p>	<p>Complete copies of:</p> <ul style="list-style-type: none"> <li>• Explanation of Special Circumstances</li> <li>• 2015 IRS Tax Transcript and W-2 forms (if it's not on file)</li> <li>• 2016 IRS Tax Transcript and W-2 forms</li> <li>• Last pay stub showing year-to-date earnings</li> <li>• Original 2015 Benefit statement listing total amount received</li> <li>• Revised 2016 and/or 2017 Benefit statement and/or court documents listing updated amount to receive and effective date</li> </ul> <p>And/or</p> <ul style="list-style-type: none"> <li>• Copy of insurance coverage</li> <li>• Copy of medical bills</li> </ul>
<input type="checkbox"/> Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2017.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2017.	Complete copies of: <ul style="list-style-type: none"> <li>• Explanation of Special Circumstances</li> <li>• 2015 IRS Tax Transcript and W-2 forms (if it's not on file)</li> <li>• 2016 IRS Tax Transcript and W-2 forms</li> <li>• Last pay stub showing year-to-date earnings (for each party)</li> <li>• Divorce decree or separation agreement and proof of separate address</li> </ul>
<input type="checkbox"/> Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Complete copies of: <ul style="list-style-type: none"> <li>• Explanation of Special Circumstances</li> <li>• 2015 IRS Tax Transcript and W-2 forms (if it's not on file)</li> <li>• 2016 IRS Tax Transcript and W-2 forms</li> <li>• Last pay stub showing year-to-date earnings (for each party)</li> </ul>
<input type="checkbox"/> One Time Payment Received	You or your parent(s) received a one- time lump sum payment of monies in 2015.	You (or your spouse) received a one- time lump sum payment of monies in 2015.	Complete copies of: <ul style="list-style-type: none"> <li>• Explanation of Special Circumstances</li> <li>• 2015 IRS Tax Transcript</li> <li>• 2015 W-2 wage statements</li> <li>• Documents detailing One Time Payment amount, source, and reason</li> </ul>

**SPECIAL CIRCUMSTANCES: 2017-2018**

**Step 2:** On a separate sheet of paper you must explain those circumstances which were beyond your control that you want considered in the evaluation of your aid eligibility. For example, if you are no longer working, explain why you are unable to work. Submit your explanation along with this form and all required documentation to the Financial Aid Office.

**Step 3: Projected gross monthly income and benefits between January 1, 2017 and December 31, 2017:**

**\*Note: If completing this form after December 31, 2017, please provide actual yearly totals.\***

SOURCE OF INCOME	FATHER/STEPFATHER	MOTHER/ STEPMOTHER	STUDENT	STUDENT'S SPOUSE
Wages, Tips, Salary				
Interest and/or Dividend Income				
Worker's Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits (taxable)				
Child Support				
Alimony				
Welfare Benefits				
Unemployment Benefits				
Other: _____				
<b>TOTAL OF ALL INCOME</b>				

**Step 4:** One Time Payment Amount in 2015 – If your appeal is for a One-Time Payment received in 2015, please enter the amount received below.

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Spouse
Amount of One Time Payment received in 2015				

**CERTIFICATION**

I/We hereby swear under penalty of perjury that the information on this form and any attachment(s) hereto is true, complete, and accurate to the best of my/our knowledge. As stated on the Free Application for Federal Student Aid (FAFSA), providing false or misleading information can lead up to a \$20,000 fine, imprisonment, or both.

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Signature \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_  
(Required if for a dependent student)

Date: \_\_\_\_\_

