



2019-2020 Special Conditions Appeal Form

Financial Aid

Financial aid for the 2019-2020 award year is based on 2017 income. If you and/or your family have had a significant change in your financial situation during 2018 or 2019, you may request to have your financial aid re-evaluated. This review will be based upon the information provided through a process called Special Conditions Review.

SECTION A: STUDENT INFORMATION

Name _____ Student ID Number _____

Address _____
Street City State Zip

Primary Phone _____

SECTION B: APPEALABLE CIRCUMSTANCES

Appealable circumstances include:

- Loss of earnings in 2018 or 2019 due to a loss of job, change in hours or reduction in pay
- Loss of untaxed income or benefits in 2018 or 2019 such as child support received
- Loss of taxed income in 2018 or 2019 such as alimony
- Loss of income due to separation or divorce after FAFSA application was submitted
- Loss of one lump sum payment received in 2018 or 2019 such as severance pay or withdrawal from a retirement program
- Payment of medical or dental expenses not covered by health insurance
- Death of a spouse/parent after FAFSA application was submitted
- Payment of elementary/secondary school expenses for tuition

If you and/or your family meet one of the criteria listed above or if you have another extenuating circumstance that we should consider, please complete this application and submit it with the required documentation. Additional documentation may be requested after your application is reviewed. It is important for you to turn in ALL requested documentation as outlined on this form. If you do not provide all required documentation, then your application may be delayed or denied and returned to you.

SECTION C: APPLICATION PROCESS

Before you submit this application, please review and complete the following steps:

1. You (the student) submit the 2019-2020 FAFSA.
2. As part of the special conditions application, the student will be selected for verification. You and your parent (if applicable) must complete the 2019-2020 Verification worksheet and submit it to our office along with copies of the 2017 IRS Tax Transcripts (must request this transcript from the IRS website) for you and your parent(s). If you are married and your spouse filed separate, we will need a copy of your spouse's 2017 Federal Tax Transcript. We will not require the tax transcripts if you opted to transfer your IRS data to your FAFSA application.
3. You must be currently enrolled at the time we process the Special Conditions Application.

4. You have completed the Special Conditions Application and have attached all required documentation for the circumstance being considered. Again, failure to provide the required documents will delay the process.

The application process can take up to 6 weeks. Once the application is processed, you will receive notification of the results by email. If the revisions result in additional federal aid eligibility, you will also receive a revised award notification email.

SECTION D: REASON FOR APPEAL

Examples for special conditions appeal

- A significant reduction in earnings.
- Death of a spouse or parent.
- Separation or divorce.
- Disability.
- One-time income such as severance pay, etc.
- End of benefits (unemployment, child support, etc.).
- Unusual medical expenses paid by student, spouse, or parent.

This is not a complete list. If you think you have cause for a special conditions appeal, contact the Financial Aid Office.

NOTE: If your Expected Family Contribution (EFC) is 0, you cannot qualify for a special condition appeal.

Personal Statement (Required)

Please explain the circumstances that changed. Attach a separate sheet of paper if necessary.

Certification Statement

I certify that all of the information on this form and accompanying documents are true and complete to the best of my knowledge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentation.

Student Signature _____ **Date** _____

Parent Signature (if parent information is provided) _____ **Date** _____

SECTION D: REQUIRED DOCUMENTS

<p>Loss of earnings in 2018 or 2019 due to:</p> <ul style="list-style-type: none"> • Required reduction in hours or rate of pay • Unemployment • Job relocation • Disability 	<ul style="list-style-type: none"> • Letter from each of your prior employers stating the last date of employment (must be on letterhead) • Copy of your last paystub and if applicable, your spouse's last paystub showing year-to-date earnings in 2018 • Copy of your unemployment eligibility determination notice. Also include a copy of your extended unemployment benefits if applicable • Information about a severance package if applicable • Disability amount approved and effective date if applicable
<p>Loss of income in 2018 or 2019 due to change in family status:</p> <ul style="list-style-type: none"> • Separation/divorce • Death of a spouse/parent 	<p>Copy of federal tax return, W2 statements for each taxpayer:</p> <ul style="list-style-type: none"> • For separation, verification of separate addresses and any temporary income such as spousal support or child support • For divorce, divorce decree and documentation of spousal and/or child support • For death of parent/spouse, copy of death certificate
<p>Loss of untaxed income:</p> <ul style="list-style-type: none"> • Child support • Workers Compensation 	<ul style="list-style-type: none"> • Court or agency documentation stating termination date of benefits • Documentation showing amount received in year appealed
<p>One time income or lump payment:</p> <ul style="list-style-type: none"> • Severance • Retirement payout (not rollover) • Insurance settlement 	<ul style="list-style-type: none"> • Explanation of why the funds were withdrawn • Copies of receipts for loans/expenses paid using the lump sum payment (this cannot include normal monthly expenses)
<p>Unusual medical expenses paid by student/parent not covered by health insurance</p>	<p>Copies of medical bills documenting payment made by you and/or your parent in 2018 or 2019 not covered by health insurance. Certain limits apply.</p>

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Appeal approved? **Yes** **No** **Updates to transaction #** _____

Updates: _____ **Revised EFC:** _____

Financial Aid Office Signature _____ **Date** _____