

# 2015-2016 FINANCIAL AID APPEAL AND SPECIAL CIRCUMSTANCE FORM

**Student Name**  **LMU ID**

Students whose family experienced a change in financial circumstances separate from what was reported on the FAFSA may be eligible for a re-calculation of their federal, state, or institutional aid eligibility based on estimated 2015 income. In order to be considered for a special circumstances calculation, students and their families must meet specific guidelines and provide documentation of the change.

Submission of an appeal does not guarantee an increase to the financial aid award. Further, an approved appeal may only result in an increase to federal or state aid programs. In most cases, changes will result in additional employment and/or loan eligibility.

**Incomplete requests will not be considered.**

**Undergraduate Student**                       **Graduate Student**

Month:       Year:

**Required Documentation:**

- Complete the Free Application for Federal Student Aid (FAFSA)
- Submit a 1 page letter detailing the reason for submitting the appeal
- We will request parent and/or student tax data, if necessary via the student's MyAid and PROWL accounts
- Provide documentation supporting your special circumstance

**Section I- Special Circumstance Reason (s):**

**Employment**

<input type="checkbox"/> Loss of employment	<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Student and/or spouse	Date occurred: <input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/> Significant reduction in income	<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Student and/or spouse	Date occurred: <input style="width: 100px; height: 20px;" type="text"/>

**Complete Section II, and provide supporting documentation such as a termination letter, severance benefit statement, unemployment benefit statement, recent pay stub, etc.**

**Divorce/ Separation:**

Divorce date:      
  Separation date:

**Complete Section II, and provide supporting documentation such as an explanation of separation of assets and anticipated child support and/ or alimony, etc. If separated, must provide proof of separate address, such as utilities. If divorced, provide copy of divorce decree.**

**Medical Expenses - Parent(s)**

Uninsured (out of pocket) medical/dental expenses:                      Paid in 2014 \$

**Medical Expenses - Student and/or spouse**

Uninsured (out of pocket) medical/dental expenses:                      Paid in 2014 \$

**Provide documentation such as (a) copy of 1040 schedule A if medical/ dental expenses were itemized in 2014; or (b) an itemization of medical/ dental expenses with total and attach receipts or statements of out of pocket payments. Total must exceed 11% of total income for consideration.**

**Private Elementary/ Secondary Tuition Expenses:**      Paid in 2014: \$

(Paid in Calendar Year 2014 for student's younger siblings)

**Provide documentation such as receipts or statement from school stating total amounts paid.**

**Elder Care:**      Paid in 2014 \$

**Provide documentation of expenses paid such as nursing home contracts, statement of payments, receipts.**

Other Expenses (please explain below):      Paid in 2014 \$

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For special circumstances not listed above, provide additional details in the space provided:

**Section II- Provide 2015 Projected Income: (If Section II required, The Financial Aid Office will request supporting tax information from you via student's MyAid and PROWL accounts)**

TAXABLE INCOME EXPECTED TO BE EARNED FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015

	Student and/or spouse	Parent 1 (Father/ Stepparent)	Parent 2 (Mother/ Stepparent)
<b>1. Wages</b>	\$	\$	\$
<b>2. Severance Compensation</b>	\$	\$	\$
<b>3. Unemployment Benefits</b>	\$	\$	\$
<b>4. Interest/Dividend Income</b>	\$	\$	\$
<b>5. Other Taxable Income<sup>1</sup></b>	\$	\$	\$
<b>Total (1-5)</b>	\$	\$	\$

UNTAXED INCOME EXPECTED TO BE EARNED FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015

	Student and/or spouse	Parent 1 (Father/ Stepparent)	Parent 2 (Mother/ Stepparent)
<b>1. Tax Deferred Payment to Retirement</b>	\$	\$	\$
<b>2. Social Security Benefits</b>	\$	\$	\$
<b>3. Child Support Received</b>	\$	\$	\$
<b>4. Welfare Benefits</b>	\$	\$	\$
<b>5. Veteran Benefits</b>	\$	\$	\$
<b>6. Other Untaxed Income<sup>2</sup></b>	\$	\$	\$
<b>Total (1-6)</b>	\$	\$	\$

<sup>1</sup> Must include business income/wages, capital gains, taxable pension and annuities, rental income, royalties, partnerships, S corporations, trusts, alimony, farm income, taxable IRA distributions and social security benefits, etc.

<sup>2</sup> Must include deductions and payments to self-employed SEP, SIMPLE, Keough, etc., tax exempt interest and dividends, untaxed portions of IRA distributions (exclude rollovers), untaxed pensions, housing, food, and other living allowances (Clergy, etc.), veterans noneducational benefits, workers compensation, disability payments, etc.

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**Section II Continued: Asset Information:**

AS OF TODAY, WHAT IS THE TOTAL BALANCE OF:

	Student and/or spouse	Parent 1 (Father/ Stepparent)	Parent 2 (Mother/ Stepparent)
<b>1. Cash</b>	\$	\$	\$
<b>2. Savings (include trust funds) and Checking</b>	\$	\$	\$
<b>3. Investments</b>	\$	\$	\$
<b>4. Business Income</b>	\$	\$	\$

**Section III- STUDENT/PARENT CERTIFICATION:**

SIGNATURE REQUIRED BY STUDENT (AND PARENT, IF STUDENT IS DEPENDENT)

I/We understand that the submission of an appeal does not release the student from the obligation of any current payment plan with Loyola Marymount University.

I/We understand that as there is no guarantee that an appeal will be approved.

I/We affirm that the information provided on this form and attached documentation is accurate and complete to the best of our knowledge. I/ We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years.

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date

Parent Email



**Phone: 310.338.2753**

**Fax: 310.338.2793**

**Mail: ATTN: APPEALS COMMITTEE  
LMU Financial Aid Office  
1 LMU Drive, Suite 270  
Los Angeles, CA 90045**



**To Submit via email:**

Click the 'Submit by Email' button if you have an email client configured (eg: Outlook, Outlook Express, Entourage etc.) -OR- save the file to your computer and attach the file using your web-based email (AOL, Yahoo, Gmail, etc.) and send it to [finaid@lmu.edu](mailto:finaid@lmu.edu). Documents must be signed before they can be accepted.

**WARNING:** If you purposely provide false or misleading information, you will be reported to the U.S. Department of Education where you may be fined, sent to prison or both. All forms and paperwork are property of Loyola Marymount University and will be kept and maintain with student's file.