

2015-2016 Appeal *for* Special Circumstance

Name: _____ SPIRE ID: _____
Last First MI

Email: _____ Telephone Number: () _____ - _____

A. DID YOU FILE A FINANCIAL AID APPEAL DURING THE 2014-2015 ACADEMIC YEAR? Yes No

B. APPEAL INSTRUCTIONS:

- This appeal request will be based on a one-time special circumstance not reflected on your 2015-2016 Free Application for Federal Student Aid (FAFSA). Availability of financial aid funds and timeliness of your FAFSA will also factor into our consideration of this appeal.
- Special circumstance(s) considered include: death of an immediate family member or spouse, divorce, separation, extraordinary 2014 medical or dental expenses, or 2015 reduction of income or benefits.
- **2014 Federal Tax Return Transcripts are REQUIRED for all Appeals for Special Circumstance.**
- Appeals are reviewed within 30 days after receipt of all required and supporting documentation. However, response times may vary depending on volume of appeals at the time of your request.

Note: Home repairs, private school education, credit card debt, mortgage payments, weddings, and major purchases will not be considered.
 Please do not disregard your university bill due date while waiting for the appeal decision.

C. REASONS FOR APPEAL (PLEASE CHECK ALL THAT APPLY):

Carefully read and select the categories from the following list that most closely describe your special circumstance(s) and provide all supporting documents. Incomplete appeals will not be considered after 60 days.

Type of appeal (check all that apply)	Documentation to include with appeal (check all that apply)	For office use only
<input type="checkbox"/> Decrease in student/spouse income from employment in 2015 of at least 8 weeks.	<input type="checkbox"/> Statement documenting retirement benefits for 2015. <input type="checkbox"/> Letter from employer documenting employment status (e.g. full-time to part-time or termination). <input type="checkbox"/> Unemployment Benefits statement. <input type="checkbox"/> Last pay stub after separation from job. If after January 1 st , 2016, please submit copies of 2015 W-2s. <input type="checkbox"/> Copies of statements indicating severance pay.	FAPSRT FAPLES FAPSUB FAPSWG/FAPSW2 FAPSEV
<input type="checkbox"/> Decrease in parent income from employment in 2015 of at least 8 weeks.	<input type="checkbox"/> Statement documenting retirement benefits for 2015. <input type="checkbox"/> Letter from employer documenting employment status (e.g. full-time to part-time or termination). <input type="checkbox"/> Unemployment Benefits statement. <input type="checkbox"/> Last pay stub after separation from job. If after January 1 st , 2016, please submit copies of 2015 W-2s. <input type="checkbox"/> Copies of statements indicating severance pay.	FAPPRT FAPLES FAPPUB FAPPWG/FAPPW2 FAPSEV
<input type="checkbox"/> Unreimbursed medical or dental expenses for 2014.	<input type="checkbox"/> Provide a summary of PAID unreimbursed expenses (deductibles, co-pays, after tax insurance, prescription medications, expenses for durable medical equipment, and other amounts not covered by insurance) for 2014 ONLY. <input type="checkbox"/> Cobra payments made in 2014 ONLY. *Elective cosmetic or dentistry expenses will not be considered.*	FAPMED FAPCOB
<input type="checkbox"/> Death of immediate family member.	<input type="checkbox"/> Provide copies of 2014 W-2 forms.	N/A
<input type="checkbox"/> Divorce or separation after filing the 2015-2016 FAFSA form. NOTE: Your file will be selected for verification.	<input type="checkbox"/> Provide legal documentation supporting divorce or separation. <input type="checkbox"/> Complete copy of Divorce Decree or <input type="checkbox"/> Complete Copy of Separation Agreement. If no legal separation documentation exists, provide a statement indicating the date of the separation. <input type="checkbox"/> Provide documentation for <u>both parents</u> of living expenses at different addresses (e.g.: rental agreement, lease or mortgage statement and utility bills). <input type="checkbox"/> Provide agreement of financial support payments (e.g. alimony, spousal support, child support or dependent care). <input type="checkbox"/> List the number of family members currently in the household. <input type="checkbox"/> Copies of 2014 W-2 forms.	FAPDIV FVPsAG FAPCHL FVCLEA/FVNLEA N/A
<input type="checkbox"/> Secondary special education.	<input type="checkbox"/> Documentation of the special education school requirements for siblings.	FAPSED
<input type="checkbox"/> Withdrawal of IRA/Pension for 2014.	<input type="checkbox"/> Letter explaining the reason for the withdrawal and copy of 2014 1099R.	FAPIRA



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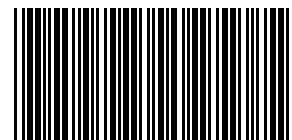
D. INCOME INFORMATION FOR 2015

SPIRE ID: _____

The following section requires you to provide your actual and expected 2015 income. Do not put hourly wage. Instead, **please compute the full amount** you have or will receive.

Expected 2015 Income	Student	Spouse	Father/ Stepfather	Mother/ Stepmother	Documents Required
Gross Income EARNED from work: 1/1/2015 through present date	\$	\$	\$	\$	Current or Final Pay Stub
Gross Income TO BE EARNED from work: present date through 12/31/2015	\$	\$	\$	\$	Current Pay Stub
Severance Pay	\$	\$	\$	\$	Letter from Company
Unemployment Benefits	\$	\$	\$	\$	Documentation from Agency
Workman's Comp Benefits	\$	\$	\$	\$	Documentation from Agency
Pension Distributions	\$	\$	\$	\$	
Business Income	\$	\$	\$	\$	Letter from Accountant or Quarterly Statement
Alimony	\$	\$	\$	\$	Letter from Court
Child Support Received	\$	\$	\$	\$	Letter from Court
Early Withdrawal from Retirement Funds	\$	\$	\$	\$	Letter outlining how funds were used
Clergy/Military Housing Allowances*	\$	\$	\$	\$	
Total Expected 2015 Income:	\$	\$	\$	\$	

*Do not include the value of on-base military housing or the value of a basic military allowance for housing.



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E. PLEASE EXPLAIN BELOW WHAT HAS CAUSED THE CHANGES IN YOUR FAMILY'S CIRCUMSTANCES (ATTACH A SEPARATE SHEET IF NEEDED). REMEMBER TO WRITE YOUR NAME AND SPIRE ID ON EACH PAGE.

SUBMIT COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO EMAIL ADDRESS OR FAX BELOW NO LATER THAN:

- **November 1, 2015** - if your appeal is for the fall 2015 semester and *this is your last semester at UMass.*
- **April 1, 2016** - if your appeal is for the spring 2016 semester.

IF ANY INFORMATION OR DOCUMENTS ARE MISSING OR INCOMPLETE, YOUR APPEAL WILL NOT BE PROCESSED.

F. SIGNATURE AND CERTIFICATION:

I certify that the information submitted for this appeal is true and complete to the best of my knowledge. I agree to provide all supporting documentation required. I understand that failure to comply may result in the cancellation of this appeal. I further understand that if I have provided information in previous appeals, this may be reviewed for accuracy and it may impact the outcome of this and or any future appeal. *It is the family's responsibility to notify our office if any of the above information should change. This notification should occur within two weeks of any change.*

Please do not disregard your university bill due date while waiting for the appeal decision.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Required for Dependent Student)

Fax complete form to: 413-545-1700
or email to: fadocs@finaid.umass.edu



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