SPECIAL CIRCUMSTANCES APPEAL FORM CHANGE IN RESOURCES

| Award Year (Check ONE): 2016-17 2017-18 | 2018-19 2019-20 2020-21 | |
|---|---|--|
| Check one: Incoming Freshman or Transfer Student | | |
| Student's Name: | | |
| Address: | | |
| City: State: Zip: | | |
| NOTE: BEFORE YOU CAN BE CONSIDERED FOR THIS APPL | | |
| | IT AID (FAFSA) FOR THE CURRENT AWARD YEAR. | |
| The Higher Education Act and associated federal regulations give finance an Individual student's federal aid application based on special circumst Student Financial Aid Office will review and, when appropriate, make ack when a student, spouse, or parent have demonstrated a decrease in income the end of the calendar year, and for any appeal where reasonable projections. | tances within the household. The Central State University djustments to a student's institutional, state and federal aid come for the year. We reserve the right to delay review, until | |
| STEP 1: AFFECTED PERSON(S) | | |
| Name(s) of person(s) whose income(s) have changed: | | |
| Indicate the above named person's relationship to you (check all | • • • • | |
| SelfSpouseFather/StepMo | ther/StepOther (explain) | |
| STEP 2: CIRCUMSTANCE Note: No action will be taken on this appeal until we have received. | Date of Change | |
| Death of parent or spouse (Go to Step 3) | | |
| Separation orDivorce (Go to Step 3) | // | |
| Loss of job | // | |
| Required: Last paystub for job lost (& paystub for additional jobs held, if any) & Determination of Benefits Rights letter for unemployment benefits (& current t | | |
| Decrease in work hours of current position | / | |
| Required: Last paystub of previous hours & first paystub of current hours (& cur | rrent tax return if not already provided) | |
| Change of job resulting in reduction of income | / | |
| Required: Last paycheck of job before reduction and current paycheck (& 2014 $$ | taxes if not already provided) | |
| Loss of child support | | |
| Required: Signed statement listing monthly support and when it stopped Loss of other untaxable income (workman's compensation, e Required: Letter from agency indicating amounts and ending date | etc.)/ | |
| Medical/dental expenses not covered by insurance exceeding | g 11% of Income / / | |
| Protection Allowance | / / | |
| Required: Copies of IRS Schedule A or receipts of payment | | |
| Significant change in student's/parent's income not listed abo | ove / / | |
| Required: Letter detailing circumstance (& any supporting documentation) | <u> </u> | |
| CTED 2. CEDADATION, DIVODES OF DEATH | | |
| STEP 3: SEPARATION, DIVORCE OR DEATH If you/your parents have incurred a separation, divorce or death | after filing your FAFSA, please complete the following: | |
| Number in Household in:* Number in College | | |
| / (wara real π | the shelf armount for hot was a list of and him 200 fell | |

^{*}Include persons for whom you/your custodial parent will provide more than half support for between July 1 and June 30 of the selected award year and persons (excluding parents) who will attend college at least half-time.

| STEP 4: ESTIMATED INCOME/BENEFITS | | | |
|---|--------------------------|-------------------|-----------------------------|
| Using the chart below, enter the total yearly income | that you, | your spouse, | your parent(s) expect to |
| receive from 01/01/ through 12/31/ Com | | | |
| Use ONLY custodial parent in cases of divorce, separa | | only YOUR incom | ne information if you are |
| divorced, separated or widowed. If answer to item is | none, write -0 | | |
| | | | |
| | STUDENT/SPOUSE | PARENTS | |
| Wages, salaries and tips – 01/01/ to today | 31002111731 0032 | TANENTS | |
| - today to 12/31/ | | | |
| Other taxable income (interest, dividends, alimony, net | | | |
| business/farm income, capital gains, pensions, annuities, etc.) | | | |
| Other untaxed income & benefits (untaxed interest, | | | |
| untaxed & taxed deferred pensions, workman's compensation, IRA/Keough payments, etc.) | | | |
| Child support paid (do not include for children claimed as part | | | |
| of household) | | | |
| | | | |
| Will you receive any of the following benefits during | ?YesNo | O | |
| (If yes, please provide documentation and complete | e the following.) | | |
| Estimated unemployment benefits \$ | | | |
| Estimated worker's compensation \$ | | | |
| Estimated child support received (for all family n | | | |
| Other Comments: | | | |
| Other Comments. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| STEP 5: CERTIFICATION STATEMENT/SIGNATURES | | | |
| I/We certify that all information and documentation | that I/we have provide | ded pertaining to | this appeal is true and |
| complete. | Connection | | Data |
| Student Date | Spouse | | Date |
| Parent's signature is required only if parent's information | ation was provided ab | oove. | |
| Father Date | • | | Date |
| | | | |
| This appeal will be reviewed by the Student Financia | l Aid Office. You will b | e notified in wri | ting of the decision within |
| 4 weeks of submitting this appeal. | | | |
| | | | |
| Required documentation must b | e attached; incomp | olete forms will | be returned. |
| - | | | |
| To Be Comple | ted By Student Fina | ncial Aid | |
| Approved Denied | | | |
| Approved Denied | | | |

Student notified:

Changes Reflected in Banner