

Appeal for Special Circumstance

Name: _____ SPIRE ID: _____
Last, First MI

Email: _____ Telephone Number: () _____ - _____

A. DID YOU FILE A FINANCIAL AID APPEAL DURING THE 2015-2016 ACADEMIC YEAR? YES NO

B. APPEAL INSTRUCTIONS:

- This appeal request will be based on a one-time special circumstance not reflected on your 2016-2017 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 2015 medical or dental expenses, or 2016 reduction of income or benefits.
- **2015 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 2016 of at least 8 weeks.	<input type="checkbox"/> Statement documenting retirement benefits for 2016. <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 , 2017, please submit copies of 2016 W-2s. <input type="checkbox"/> Copies of statements indicating severance pay.	FAPSRT FAPLES FAPSUB FAPSWG/FAPSW ₂ FAPSEV
<input type="checkbox"/> Decrease in parent income from employment in 2016 of at least 8 weeks.	<input type="checkbox"/> Statement documenting retirement benefits for 2016. <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 , 2017, please submit copies of 2016 W-2s. <input type="checkbox"/> Copies of statements indicating severance pay.	FAPPRT FAPLES FAPPUB FAPPWG/FAPPW ₂ FAPSEV
<input type="checkbox"/> Unreimbursed medical or dental expenses for 2015.	<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 2015 ONLY. <input type="checkbox"/> Cobra payments made in 2015 ONLY. <i>* Elective cosmetic or dentistry expenses will not be considered. *</i>	FAPMED FAPCOB
<input type="checkbox"/> Death of immediate family member.	<input type="checkbox"/> Provide copies of 2015 W-2 forms.	N/A
<input type="checkbox"/> Divorce or separation after filing the 2016-2017 FAFSA form.	<input type="checkbox"/> Complete copy of Divorce Decree or 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 2015 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 2015.	<input type="checkbox"/> Letter explaining the reason for the withdrawal and copy of 2015 1099R.	



2016-2017 Appeal *for* Special Circumstance

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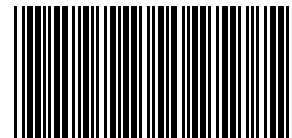
SPIRE ID: _____

D. INCOME INFORMATION FOR 2016

The following section requires you to provide your actual and expected 2016 income. Do not put hourly wage. Instead, please compute the full amount you have or will receive.

Expected 2016 Income	Student	Spouse	Father/ Stepfather	Mother/ Stepmother	Documents Required
Gross Income EARNED from work: 1/1/2016 through present date	\$	\$	\$	\$	Current or Final Pay Stub
Gross Income TO BE EARNED from work: present date through 12/31/2016	\$	\$	\$	\$	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 2016 Income:	\$	\$	\$	\$	

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



FAPSPC

