Appeal for Special Circumstance

Name:	SPIRE ID:					
Email:	Telephone Number: ()					
A. Did you file a financial aid appeal during the 2015-2016 Academic year?						
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):

UMassAmherst Financial Aid Services 2016-2017

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
Decrease in student/spouse income	Statement documenting retirement benefits for 2016. Letter from employer documenting employment status (e.g. full-time to part-time or	FAPSRT
from employment in 2016 of at least	termination).	FAPLES
8 weeks.	Unemployment Benefits statement. Last pay stub after separation from job. If after January 1 st , 2017, please submit copies of 2016 W-25.	FAPSUB
		FAPSWG/FAPSW2
	Copies of statements indicating severance pay.	FAPSEV
Decrease in parent income from	Statement documenting retirement benefits for 2016.	FAPPRT
employment in 2016 of at least	Letter from employer documenting employment status (e.g. full-time to part-time or termination).	FAPLES
8 weeks.	Unemployment Benefits statement.	FAPPUB
	Last pay stub after separation from job. If after January 1 st , 2017, please submit copies of 2016 W-2s.	FAPPWG/FAPPW2
	Copies of statements indicating severance pay.	FAPSEV
Unreimbursed medical or dental expenses for 2015.	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.	FAPMED
	Cobra payments made in 2015 ONLY. * Elective cosmetic or dentistry expenses will not be considered.*	FAPCOB
Death of immediate family member.	Provide copies of 2015 W-2 forms.	N/A
	Complete copy of Divorce Decree or complete copy of Separation Agreement. If no	FAPDIV
Divorce or separation after filing the	legal separation documentation exists, provide a statement indicating the date of the separation.	FVPSAG
2016-2017 FAFSA form. Provide (Provide documentation for <u>both parents</u> of living expenses at different addresses	FAPCHL
	(e.g.: rental agreement, lease or mortgage statement and utility bills). Provide agreement of financial support payments (e.g. alimony, spousal support,	FVCLEA/FVNLEA
	child support or dependent care).	N/A
	List the number of family members currently in the household. Copies of 2015 W-2 forms.	
Secondary special education.	Documentation of the special education school requirements for siblings.	FAPSED
Withdrawal of IRA/Pension for 2015.	Letter explaining the reason for the withdrawal and copy of 2015 1099R.	



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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

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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, 2016 - if your appeal is for the fall 2016 and this is your last semester at UMass.

April 3, 2017 - if your appeal is for the spring 2017 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.*

_____ Date:_____

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

Student Signature: _____ Date: _____

Parent Signature: _________(Required for Dependent Student)

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

(Attachments must be a standard image file, or in one of the following file formats: .doc, .docx, .pdf)