



OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

2019-2020 SPECIAL CIRCUMSTANCES APPEAL for **Dependent Students**

Directions

This form cannot be submitted before July 1st of the current year.

- ◀ This form MUST be completed in its entirety and brought with you to your appointment along with supporting documentation of your claim.
◀ Pursuing this appeal does not guarantee approval.
◀ If you have not already done so, you must contact the FA Office at 609.343.5082 and schedule an appointment to meet with a FA representative for your appeal.
◀ Any information reported on your 2019-2020 FAFSA will be corrected prior to evaluation of this appeal. (Please note that these errors could reduce the amount of aid that you are currently receiving)
◀ Your appointment will be rescheduled if you do not provide all requested documents upon arrival.

Student Information (Please print)

NAME _____ SID# _____
ADDRESS _____ PHONE _____
EMAIL _____

Reason for Appeal – Student or Parent (Select all that apply)

- Significant reduction in income
Loss of employment. Retirement
Loss of taxed or untaxed income or benefits. One-time income.
Death of a parent. Unusual medical expenses not covered by insurance.

The following documentation MUST be submitted for ALL appeals:

- ✓ A written and signed personal statement explaining in full detail your special circumstance situation. If parental income has been reduced you will need a detailed letter from your parent also.
✓ A signed copy of yours and your parent’s 2017 Federal Income Tax Return Transcript and ALL 2017 W2’s.

Based on the “Reason for Appeal” you selected above, please submit ALL required information listed.

(Example: If you checked “Loss of Employment” you will need to submit all documentation listed under that heading and you will do this for each reason you checked)

FOR LOSS OF EMPLOYMENT SUBMIT THE FOLLOWING (Student and/or parent):

- o Copy of notice of separation from the employer showing your employment status, date of termination, or reduced hours, year to date gross earnings, and amount of severance benefits, if received.
o Last paystub received from all positions held in 2019.
o Documents related to unemployment benefits, including eligibility statement, and most recent unemployment paystub.

RETIREMENT (Parent):

- o Copy of any retirement benefits received in 2019.

FOR LOSS OF TAXED OR UNTAXED INCOME OR BENEFITS SUBMIT THE FOLLOWING (Student and/or parent):

- o Copy of the termination notice from the granting agency/company, court order, or document from caseworker.

FOR ONE-TIME INCOME SUBMIT THE FOLLOWING (Student and/or parent):

- Copy of documentation from an employer, the court, or a social agency to support your written statement.
- If rollover into an IRA, a statement from the investment company that indicates the amount converted to an IRA.

FOR DEATH OF A PARENT SUBMIT THE FOLLOWING:

- Copy of surviving parent's 2017 W-2.
- Photocopy of the death certificate.
- Will surviving parent receive death benefits in 2019? Yes No Amount \$ _____
- Copy of surviving parent's most current earnings to date for 2019.

FOR UNUSUAL MEDICAL EXPENSES NOT COVERED BY INSURANCE SUBMIT THE FOLLOWING:

We will **ONLY** consider expenses already paid by the student or parent.

- Statement from physician that documents an unusual medical condition or disability.
- Copies of receipts or cancelled checks must accompany billing statements for all appropriate bills, billing statement must clearly indicate portions that have been paid by your insurance company or other agency.

You MUST complete the following "Projected Income for 2019" table in its entirety before you come to your appointment. You are required to provide additional documentation that supports your estimates. Please report **GROSS** income for each month that has passed and estimate income for the remaining months of **2019**. Round all figures to the nearest dollar and **DO NOT LEAVE ANYTHING BLANK**. If there is no income for a listed category, please write **"0"** in the space provided. Be sure to calculate ALL totals.

MONTH	STUDENT'S EARNINGS	FATHER'S EARNINGS	MOTHER'S EARNINGS	CHILD SUPPORT	SOCIAL SECURITY	OTHER TAXABLE	OTHER NON-TAXABLE	TOTAL
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

Certification

To the best of my knowledge, I certify that the information in the appeal and the documentation that I have submitted is accurate. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellations and repayments of my financial aid.

Student Signature

Date

Parents Signature

Date