

2019-2020 SPECIAL CIRCUMSTANCES APPEAL for **Independent 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 (Select all that apply)

- | | | |
|-------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="radio"/> Significant reduction in income | <input type="radio"/> Loss of taxed or untaxed income or benefits. | <input type="radio"/> Separation, divorce, or death of spouse |
| <input type="radio"/> Loss of employment | <input type="radio"/> One-time income. | <input type="radio"/> Unusual medical expenses not covered by insurance. |
| <input type="radio"/> Retirement | | |

The following documentation MUST be submitted for ALL appeals:

- ✓ **A written and signed personal statement explaining in full detail your special circumstance situation.** *This letter MUST be specific with income information from 2019, dates and sources of that income, and an explanation of when and why the income changed from 2017. Please also include a projection of your income sources and amounts from current date until December 31, 2019.*
- ✓ **A signed copy of yours and your spouse’s 2017 Federal Income Tax Return Transcript and ALL 2017 W2’s.** *If you were selected for “Verification” and have already submitted your tax information you do not have to resubmit unless requested.*

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 spouse):

- 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.
- Last paystub received from all positions held in 2019.
- Documents related to unemployment benefits, including eligibility statement, and most recent unemployment paystub.

RETIREMENT (Student and/or spouse):

- Copy of all retirement benefits received in 2019.

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



- 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 spouse):

- 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 SEPARATION, DIVORCE, OR DEATH OF A SPOUSE SUBMIT THE FOLLOWING:

- Copy of your 2017 W-2
- Photocopy of death certificate in the case of the death of a spouse
- Copy of legal separation papers or divorce decree
- If no legal separation exists, provide evidence of separate living accommodations such as driver’s licenses, rental/lease agreements, mortgage papers, utility bills, etc., showing separate addresses.
- Will surviving spouse receive death benefits in 2019? No ___ Yes ___ Amount \$ _____

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

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

- 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	SPOUSE 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