



Special Circumstances Appeal Instructions - 2016-2017 For independent students

You may complete the Special Circumstances Appeal form if you are an independent student whose current financial situation is not accurately reflected by 2015 tax information. Your family's 2015 income is used to assess your financial need for the 2016-2017 school year, in accordance with federal laws and regulations. If your family's income is lower due to special circumstances, a financial aid administrator may be able to use estimated year 2016 income to calculate financial need. This financial situation may be due to loss of a job, separation or divorce, death, disability, unusual medical expenses, or other circumstances. If you have not already done so, you must first apply for federal financial aid by completing the *Free Application for Federal Student Aid (FAFSA)* with 2015 tax information. After submitting the FAFSA, please provide information regarding your reduction in income by completing this form if you (and your spouse) want a review of your special circumstances. Your appeal is complete only when you attach the documentation that validates your special circumstances. No action will be taken until all of the documentation appropriate to your circumstance is submitted to the Office of Scholarships and Financial Aid. If any document is missing, your appeal will be returned to you immediately and will be considered only when you have resubmitted it with complete documentation.

Documentation is an essential part of your appeal.

You must attach a copy of each of the documents listed below:

Your appeal will be considered only when you have submitted all of the supporting documentation with your completed appeal form. Please read carefully these documentation instructions to determine which documents you are required to provide to validate your appeal information. You must send a personal statement, copies of tax forms, W2s, and other required documentation as it pertains to your special circumstance. You must complete Sections 1, 2, and 3 of this form.

- Your (and your spouse's) 2015 **federal tax return transcript and tax return form 1040, 1040A, 1040EZ**, including all pages, schedules, and W2s; *Tax return transcripts can be obtained by request at www.irs.gov*
- A signed personal statement that explains your situation.

In addition, select the category from the following listing that most closely describes your special circumstance. Read the description carefully and attach all of the documentation requested under that category.

Loss or reduction of employment

You and/or your spouse earned money in 2015 and have had a reduction in hours, or have lost employment for at least 10 weeks in 2016 that has resulted in a reduction of wages. **Ten (10) weeks** must have passed prior to submission of this appeal for either circumstance. Appeals submitted before 10 weeks will be returned.

You must provide copies of all of the following:

- written verification from a former employer(s) that indicates start and end dates of employment or reduction of hours and the amount of your (and your spouse's) year-to-date gross earnings;
- documents, including letters, from all former employers that show dates and amounts received for earnings, severance pay, vacation, or retirement pay out;
- a written statement from your (or your spouse's) current or future employer(s) that indicates your expected gross earnings for the calendar year 2016. Year 2016 earnings must be documented with a letter from your employer projecting earnings or copies of your two most recent pay stubs;
- eligibility forms that indicate dates and amount of unemployment benefits.

Separation, divorce, or death

You have already filed your annual *Free Application for Federal Student Aid (FAFSA)* and since that time, you and your spouse have become separated or divorced, or your spouse has died.

You must provide copies of the following that apply to your circumstances:

- legal separation papers or divorce decree;
- death certificate.

Loss of taxed/untaxed income or benefit

You and/or your spouse received unemployment compensation, or another taxed or untaxed income or benefit in 2015, and have completely lost that income or benefit for at least 10 weeks in calendar year 2016. **Ten (10) weeks** without compensation must have passed prior to your submission of this appeal. Appeals submitted before 10 weeks will be returned. The untaxed income or benefit must be from a public or private agency, a company, or from a person due to court order. (Do not include loss of veterans benefits.) Income and benefits include: Social Security benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, welfare benefits, and Minnesota Family Investment Plan (MFIP).

You must provide copies of all of the following:

- contracts, agency notices, or legal papers that indicate the date your (or your spouse's) taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was used.

Loss of one-time income

You and/or your spouse received one-time income in 2015 that will not occur in 2016 (e.g., rollover into a Roth IRA, moving expenses allowance, back-year Social Security payments, or a divorce settlement). Special circumstance consideration **will not** be given if this one-time income is a result of an inheritance, job bonus, or overtime compensation, gambling winnings, pension, capital gain, insurance settlements, or early distributions of retirement accounts.

Your must provide copies of all of the following:

- contracts, agency notices, or legal papers that indicate the date your (or your spouse's) one-time income was terminated, what amount of income came from that source, and how that income was used.

Unusual, unreimbursed medical care expenses

NOTE: Only expenses already paid directly by the student or spouse will be considered.

Unexpected/non-recurring medical expenses – You and/or your spouse have paid for unusual or unexpected medical expenses for a member of your household that are not reimbursed. These expenses are over and above typical health maintenance costs due to an unexpected, extraordinary, or non-recurring emergency or incident. The Office of Scholarships and Financial Aid assumes that your and your family members will have insurance coverage. Only those costs not covered by insurance or another agency may be considered. These expenses must be at least \$1,000 or 7.5 percent of your adjusted gross income, whichever is less.

The payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses, birth control prescriptions, and elective or cosmetic procedures (e.g., orthodontic braces) are **not** considered unusual medical expenses and will **not** be considered for the Special Circumstances appeal.

Medical expenses due to a disability – If a member of your family has medical expenses due to a chronic disability, these costs may be considered in your financial aid eligibility. Disability related costs are those expenses attributable to maintaining a chronic illness or condition that is not due to an unexpected incident or emergency.

You must provide copies of all of the following:

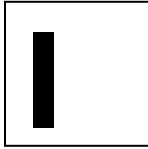
- statement from health care provider that documents the unusual condition;
- receipts or canceled checks that demonstrate **payment** of medical treatment for this condition.

Tuition expenses for private elementary or secondary education

You and/or your spouse pay elementary or secondary school tuition for a member of your family during the 2016-2017 academic year. Only expenses not covered or reimbursed by another agency/source will be considered. Only tuition incurred during the 2016-2017 academic year (after September 2016) will be considered.

You must provide copies of all of the following:

- school's enrollment contract that includes name(s) of your children enrolled during the academic year 2016-2017, tuition cost, and the amount of any scholarships or grants that subsidize the tuition.



SPECIAL CIRCUMSTANCES APPEAL

Read the **Special Circumstances Appeal Instructions** carefully before completing this form. You must complete Sections 1, 2, and 3. Please return to the Financial Aid Office by **June 15, 2017**

2016-2017

Please print clearly in blue or black ink.

SECTION 1: Background

Student name (First, Middle Initial, Last)	Student ID number	Social Security number	Date
Address (street or P.O. Box, Apartment number, City, State, Zip Code)			Telephone with area code ()

List all family members included on your 2016-2017 Free Application for Federal Student Aid (FAFSA). Give the name of the post secondary institution for any family member attending at least one term of post secondary education at least half time. If you need more space, you may add more family members in your personal statement.

Family members in household	Age	Relationship	Name of post secondary institution

SECTION 2: Certification

To the best of my knowledge, the information in this appeal is true. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. I understand that my federal tax return will be used to verify the current financial aid application information and that I will be selected for institutional verification in the next aid year. **WARNING:** If you use this form to establish eligibility for federal student financial aid and purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature:	Date:
Spouse Signature:	Date:

SECTION 3: Income Source Table

	Actual	Estimated	Total						
January 1 through December 31, 2016	01/01/2016 – today	Today – 12/31/2016	Actual plus estimated						
1. Income earned from work by student (wages, salary, and tips, for example)									
2. Income earned from work by spouse (wages, salary, and tips, for example)									
3. Business, farm, or rental income									
4. Interest/dividend income: Specify source and value.									
<table border="1" style="width:100%"> <tr> <td>Source</td> <td>\$</td> <td>Value</td> <td>Source</td> <td>\$</td> <td>Value</td> </tr> </table>	Source	\$	Value	Source	\$	Value			
Source	\$	Value	Source	\$	Value				
5. Unemployment compensation									
6. Capital gains									
7. Spousal maintenance									
8. Child support									
9. Welfare benefits (such as AFDC or TANF)									
10. Veterans benefits									
11. Social Security benefits (including SSI)									
12. Workers' compensation									
13. Short-term or long-term disability benefits									
14. Severance pay									
15. Withdrawal from retirement account									
16. Other income (such as pension annuity, rental income, housing allowance, bonuses)									