University of Findlay

Office of Financial Aid

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1000 N Main St, Findlay, OH 45840-3653

# 2026-27 Special Circumstances Appeal

Name: _____ Student ID #: _____

UF E-mail: _____ D.O.B.: _____

**NOTE: If your current SAI is at or below zero, you are not eligible for a Special Circumstances Appeal as adjustments to your FAFSA will not change your eligibility for need-based aid.**

The University of Findlay has established a Special Circumstances Appeal process to allow for adjustments to an individual's federal aid application based on circumstances within the household. If you have experienced a significant change in income or life-event that has altered your income since filing your 2024 taxes, you may submit this appeal to have your financial aid eligibility reviewed. Please allow 2-4 weeks to review.

## Section A: Required Documentation

The following documentation is required for all appeal circumstances. Required documentation not submitted with this appeal will cause a delay in the review process. You may also submit additional documentation not listed below if you feel it will support your appeal.

**** You must attach a signed written statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation.**

## Section B: Extenuating Circumstances and Supporting Documentation Requirements

**Check all extenuating circumstances that apply to you. Include all required supporting documentation as indicated.**

| Extenuating Circumstance | Dependent Student | Independent Student | Required Supporting Documentation for 2025 or 2026 |
|---|---|---|---|
| ☐ **Loss of Employment** (Must be unemployed for at least 3 months) | Your or your parent(s)' income will be less than that earned in 2024. | You (and/or your spouse's) income will be less than that earned in 2023. | • Last paystub showing year-to-date earnings or W-2<br>• Termination notice from employer<br>• Unemployment determination letter or 1099-G |
| ☐ **Other Loss of Income**<br>• Alimony<br>• Child Support<br>• Retirement/Pension<br>• Social Security (taxed)<br>• Worker's compensation<br>• Other Income | You or your parent(s)' received benefits in 2024 which have ceased or been reduced. | You (and/or your spouse) received benefits in 2024 which have ceased or been reduced. | • Original 2024 Benefit statement listing the total amount received<br>• Revised Benefit statement listing updated amount to receive and effective date<br>• Benefit Termination statement listing effective date |
| ☐ **Separation or Divorce** | Your parents separated or divorced AFTER filing the FAFSA. | You and your spouse separated or divorced AFTER filing the FAFSA. | • Divorce decree or separation agreement and proof of separate residences (utility bill, lease, mortgage statement, etc.) |
| ☐ **Death of a Parent or Spouse** | A parent has died AFTER filing the FAFSA. | Your spouse has died AFTER filing the FAFSA. | • Death certificate<br>• Surviving Parent W-2's |

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Name: _____ Student ID #: _____

**Section B: Extenuating Circumstances and Supporting Documentation Requirements (Continued)**

**Check all extenuating circumstances that apply to you. Include all required supporting documentation as indicated.**

| Extenuating Circumstance | Dependent Student | Independent Student | Required Supporting Documentation |
|---|---|---|---|
| □ **Medical Expenses Not Covered by Insurance** | Medical expenses paid in 2024 and forward by your parent(s) for members of your immediate household. Must exceed 11% of your AGI. | Medical expenses paid in 2024 and forward by you or your spouse for members of your immediate household. | • Proof of payments made<br>• Letter or EOB from insurance company showing expenses not covered by insurance |
| □ **One-Time Payment Received—**Not considered:<br>• Lottery Winnings<br>• Job Bonus<br>• Insurance Settlements<br>• Overtime<br>• Inheritance | Your parent(s) received a one-time lump sum payment in 2024. | You (and/or your spouse) received a one-time lump sum payment in 2024. | • Written explanation and receipts showing how the income was earned |
| □ **Adult Care/ Dependent Child Care Expenses** | Your parents incurred expenses for Adult care in 2024. | You and your spouse incurred expenses for dependent care during academic-related activity (class time, study time, field work, internship and commuting). | • Dated, paid receipt or invoice from care provider listing the dependent's names and the days and hours that care is provided. |

**Certification and Signature**

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University of Findlay to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: _____ Date: _____
(Signature cannot be electronic/digital)

Parent Signature: _____ Date: _____
(Required, if student is Dependent)

Financial Aid Counselor:_____ Date:_____

*Revised 3/27/24*