

## 2021-22 Special Circumstances Appeal

1000 N Main St, Findlay, OH 45840-3653

Name: \_\_\_\_\_ UF ID #: \_\_\_\_\_

UF E-mail: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

| <p>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 2019 taxes, you may submit this appeal to have your financial aid eligibility reviewed.</p> <p><b>NOTE:</b> If your current EFC is zero, you are not eligible for a Special Circumstances Appeal as adjustments to your FAFSA will not change your eligibility for need-based aid.</p> |   |   |   |
|---|---|---|---|
| <p><b>Section A: Required Documentation</b></p>   |   |   |   |
| <p>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.</p> <ul style="list-style-type: none"> <li>You <b>must attach a signed</b> written statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation.</li> </ul>  |   |   |   |
| <p><b>Section B: Extenuating Circumstances and Supporting Documentation Requirements</b></p>  |   |   |   |
| <p>Check <u>all</u> extenuating circumstances that apply to you. Include all required supporting documentation as indicated.</p>  |   |   |   |
| Extenuating Circumstance  | Dependent Student   | Independent Student   | Required Supporting Documentation for 2020 or 2021  |
| <input type="checkbox"/> <b>Loss of Employment</b><br>(Must be unemployed for at least 3 months)  | Your or your parent(s)' income will be less than that earned in 2019.               | You (and/or your spouse's) income will be less than that earned in 2019.              | <ul style="list-style-type: none"> <li>Last paystub showing year-to-date earnings or W-2</li> <li>Termination notice from employer</li> <li>Unemployment determination letter or 1099-G</li> </ul>  |
| <input type="checkbox"/> <b>Other Loss of Income</b> <ul style="list-style-type: none"> <li>Alimony</li> <li>Child Support</li> <li>Retirement/Pension</li> <li>Social Security (taxed)</li> <li>Worker's compensation</li> <li>Other Income</li> </ul>   | You or your parent(s)' received benefits in 2019 which have ceased or been reduced. | You (and/or your spouse) received benefits in 2019 which have ceased or been reduced. | <ul style="list-style-type: none"> <li>Original 2019 Benefit statement listing the total amount received</li> <li>Revised Benefit statement listing updated amount to receive and effective date</li> <li>Benefit Termination statement listing effective date</li> </ul> |
| <input type="checkbox"/> <b>Separation or Divorce</b>   | Your parents separated or divorced AFTER filing the FAFSA.                          | You and your spouse separated or divorced AFTER filing the FAFSA.                     | <ul style="list-style-type: none"> <li>Divorce decree or separation agreement and proof of separate residences (utility bill, lease, mortgage statement, etc.)</li> </ul>   |
| <input type="checkbox"/> <b>Death of a Parent or Spouse</b>   | A parent has died AFTER filing the FAFSA.   | Your spouse has died AFTER filing the FAFSA.  | <ul style="list-style-type: none"> <li>Death certificate</li> </ul>   |

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**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   |
|--|--|---|---|
| <input type="checkbox"/> <b>Medical and Dental Expenses Not Covered by Insurance</b>   | Medical and dental expenses paid in 2019 by your parent(s) for members of your immediate household. Must exceed 11% of your AGI. | Medical and dental expenses paid in 2019 by you or your spouse for members of your immediate household.   | <ul style="list-style-type: none"> <li>• Proof of medical, dental and eye care payments</li> <li>• Letter or EOB from insurance company showing expenses not covered by insurance</li> </ul>      |
| <input type="checkbox"/> <b>One-Time Payment Received</b> —Not considered: <ul style="list-style-type: none"> <li>• Lottery Winnings</li> <li>• Job Bonus</li> <li>• Insurance Settlements</li> <li>• Overtime</li> <li>• Inheritance</li> </ul> | Your parent(s) received a one-time lump sum payment in 2019.   | You (and/or your spouse) received a one-time lump sum payment in 2019.  | <ul style="list-style-type: none"> <li>• Written explanation and receipts showing how the income was earned</li> </ul>  |
| <input type="checkbox"/> <b>Adult Care/ Dependent Child Care Expenses</b>  | Your parents incurred expenses for Adult care in 2019.   | You and your spouse incurred expenses for dependent care during academic-related activity (class time, study time, field work, internship and commuting). | <ul style="list-style-type: none"> <li>• Dated, paid receipt or invoice from care provider listing the dependent's names and the days and hours that care is provided.</li> </ul>                 |
| <input type="checkbox"/> <b>Dependent Tuition</b>  | Your parents incurred expenses for Elementary/Secondary school tuition.  | You and/or your spouse incurred expenses for Elementary/Secondary school tuition.   | <ul style="list-style-type: none"> <li>• Copy of your bill listing the student's name and grade, showing any gift assistance received. The bill must be for the 2021-22 academic year.</li> </ul> |
| <input type="checkbox"/> <b>Other</b>  |  |   | <ul style="list-style-type: none"> <li>• Please explain your circumstances in detail. Attach another page, if needed. Submit copies of supporting documentation.</li> </ul>                       |

**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: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required, if student is Dependent)