University of Findlay

Office of Financial Aid

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P 419-434-4791

1000 N Main St, Findlay, OH 45840-3653

2027-28 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 2025 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 2026 or 2027
☐ **Loss of Employment** (Must be unemployed for at least 3 months)	Your or your parent(s)' income will be less than that earned in 2025.	You (and/or your spouse's) income will be less than that earned in 2025.	• Last paystub showing year-to-date earnings or W-2 • Termination notice from employer • Unemployment determination letter or 1099-G
☐ **Other Loss of Income** • Alimony • Child Support • Retirement/Pension • Social Security (taxed) • Worker's compensation • Other Income	You or your parent(s)' received benefits in 2025 which have ceased or been reduced.	You (and/or your spouse) received benefits in 2025 which have ceased or been reduced.	• Original 2025 Benefit statement listing the total amount received • Revised Benefit statement listing updated amount to receive and effective date • 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 • Surviving Parent W-2's

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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
☐ **Medical Expenses Not Covered by Insurance**	Medical expenses paid in 2025 and forward by your parent(s) for members of your immediate household. Must exceed 11% of your AGI.	Medical expenses paid in 2025 and forward by you or your spouse for members of your immediate household.	• Proof of payments made • Letter or EOB from insurance company showing expenses not covered by insurance
☐ **One-Time Payment Received—**Not considered: • Lottery Winnings • Job Bonus • Insurance Settlements • Overtime • Inheritance	Your parent(s) received a one-time lump sum payment in 2025.	You (and/or your spouse) received a one-time lump sum pay-ment in 2025.	• Written explanation and receipts showing how the income was earned
☐ **Adult Care/ Dependent Child Care Expenses**	Your parents incurred expenses for Adult care in 2025.	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:_____