2010-2011 SPECIAL CIRCUMSTANCES APPEAL FORM

Check one: ☐ Incoming Freshman or Transfer Student ☐ Continuing Student or Graduate/Law Student

Student’s Name____________________________________________  SS#______________________
Address_________________________________  Email______________________________________
City________________________  State_____  Zip_____________  Phone (_____)________________

NOTE: BEFORE YOU CAN BE CONSIDERED FOR AN APPEAL, YOU MUST HAVE ALREADY Filed
YOUR 2010-2011 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA).

The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to
an individual student’s federal aid application based on special circumstances within the household. The University of Cincinnati
Student Financial Aid Office will review and, when appropriate, make adjustments to a student’s institutional, state and federal aid
when a student, spouse, or parent have demonstrated a decrease in income for 2010. We reserve the right to delay review, until
the end of the calendar year, any appeal where reasonable projections cannot be made.

STEP 1: AFFECTED PERSON(S)
Name(s) of person(s) whose income(s) have changed:____________________________________
Indicate the above named person’s relationship to you (check all that apply):
_____Self       ____Spouse      ____Father/Step      ____Mother/Step      ____Other (explain)_______________

STEP 2: CIRCUMSTANCE
Note: No action will be taken on this appeal until we have received all required documentation.
(2009 taxes may be required if not already provided through verification process.)

___Death of parent or spouse  Date of Change
Go to Step 3

___Separation or ___Divorce
Go to Step 3

___Loss of job
Required: Last paystub for job lost (& paystub for additional jobs held, if any) &
Determination of Benefits Rights letter for unemployment benefits (& 2009 taxes if not already provided)

___Decrease in work hours of current position
Required: Last paystub of previous hours & first paystub of current hours (& 2009 taxes if not already provided)

___Change of job resulting in reduction of income
Required: Last paycheck of job before reduction and current paycheck (& 2009 taxes if not already provided)

___Loss of child support
Required: Signed statement listing monthly support and when it stopped

___Loss of other untaxable income (workman’s compensation, etc.)
Required: Letter from agency indicating amounts and ending date

___Medical/dental expenses not covered by insurance exceeding 11% of Income
Protection Allowance
Minimum $1479 for dependent students, $855 independent students with
no dependent children, $1796 independent students with dependent children
Required: Copies of IRS Schedule A or receipts of payment

___Significant change in student’s/parent’s income not listed above
Required: Letter detailing circumstance (& any supporting documentation)

STEP 3: SEPARATION, DIVORCE OR DEATH
If you or your parents have incurred a separation, divorce or death after filing your 2010-2011 FAFSA, please complete the following:

Number in Household in 2010-2011:_____  *  Number in College in 2010-2011:_____  *
*Include persons for whom you/your custodial parent will provide more than half support for between July 1, 2010, and June 30, 2011,
and persons who will attend college at least half-time (6 credit hours). For number in college, exclude parents.
STEP 4: ESTIMATED 2010 INCOME/BENEFITS
Using the chart below, enter the total yearly income that _____you, _____your spouse, _____your parent(s) expect to receive from January 1, 2010 through December 31, 2010. Complete ONLY for person whose income has changed. Use ONLY custodial parent in cases of divorce, separation and death. Use only YOUR income information if you are divorced, separated or widowed. If answer to item is none, write -0-.

<table>
<thead>
<tr>
<th></th>
<th>STUDENT/SPOUSE</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries and tips - 01/01/10 to today</td>
<td>$ (student)</td>
<td>$ (father)</td>
</tr>
<tr>
<td>- today to 12/31/10</td>
<td>$ (student)</td>
<td>$ (father)</td>
</tr>
<tr>
<td>Wages, salaries and tips - 01/01/10 to today</td>
<td>$ (spouse)</td>
<td>$ (mother)</td>
</tr>
<tr>
<td>- today to 12/31/10</td>
<td>$ (spouse)</td>
<td>$ (mother)</td>
</tr>
<tr>
<td>Other taxable income (interest, dividends, alimony, net business/farm income, capital gains, pensions, annuities, etc.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other untaxed income &amp; benefits (untaxed interest, untaxed &amp; taxed deferred pensions, workman’s compensation, IRA/Keough payments, etc.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child support paid (do not include for children claimed as part of household)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Will you receive any of the following benefits during 2010? __Yes ___No
(If yes, please provide documentation and complete the following.)
___2010 estimated unemployment benefits $__________
___2010 estimated worker’s compensation $__________
___2010 estimated child support received (for all family members) $__________

Other Comments: ____________________________________________________________________________
___________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

STEP 5: CERTIFICATION STATEMENT/SIGNATURES
I/We certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student__________________________  Date__________    Spouse_______________________  Date_________
Parent’s signature is required only if parent’s information was provided above.

Father___________________________  Date__________   Mother________________________  Date_________

This appeal will be reviewed by the Student Financial Aid Office. You will be notified in writing of the decision within 4 weeks of submitting this appeal. **Required documentation must be attached to this appeal.** Return completed form with attached documentation to the Student Financial Aid Office.

Mail:  Student Financial Aid Office
      Special Circumstance Appeals
      University of Cincinnati
      PO Box 210125
      Cincinnati, OH 45221-0125

Phone: (513) 556-1000
Fax: (513) 556-9171
Location: One Stop Student Service Center
          220 University Pavilion, Uptown Campus
Email: financeaid@uc.edu