

2016-2017 SPECIAL CIRCUMSTANCES APPEAL FORM

Student's Name _____ Student ID# _____

Address _____ Email _____

City _____ State _____ Zip _____ Phone (____) _____

NOTE: BEFORE YOU CAN BE CONSIDERED FOR AN APPEAL, YOU MUST HAVE ALREADY FILED YOUR 2016-2017 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 2016. We reserve the right to delay review, until the end of the calendar year, any appeal where reasonable projections cannot be made.

Graduate/Law student notice: Due to limited need-based aid for graduate students, do not submit before discussing with One Stop.

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.**

	Date of Change
<input type="checkbox"/> Death of parent or spouse Go to Step 3	____/____/____
<input type="checkbox"/> Separation or <input type="checkbox"/> Divorce Go to Step 3	____/____/____
<input type="checkbox"/> Loss of job Required: Prior year Federal Income Tax Return, pages 1-2; prior year W2s; final paystub from job lost (& paystubs for any additional jobs held) & Determination of Benefits Rights letter for unemployment	____/____/____
<input type="checkbox"/> Decrease in work hours of current position Required: Prior year Federal Income Tax Return, pages 1-2; prior year W2s; final paystub of previous hours & most recent paystub of current hours showing YTD gross wages	____/____/____
<input type="checkbox"/> Change of job resulting in reduction of income Required: Prior year Federal Income Tax Return, pages 1-2; prior year W2s; final paystub from previous job & most recent paystub from current job showing YTD gross wages	____/____/____
<input type="checkbox"/> Loss of child support reported on FAFSA Required: Signed statement listing monthly support and when it stopped	____/____/____
<input type="checkbox"/> Loss of other untaxable income (workman's compensation, etc.) Required: Letter from agency indicating amounts and ending date	____/____/____
<input type="checkbox"/> Medical/dental expenses not covered by insurance exceeding 11% of Income Protection Allowance (minimum \$1,962 for dependent students, \$1,095 independent students with no dependent children, \$2,773 independent students with dependent children) Required: Copies of IRS Schedule A or receipts of payment	____/____/____
<input type="checkbox"/> 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 2016-2017 FAFSA, please complete the following:

Number in Household in 2016-2017: _____* Number in College in 2016-2017: _____*

Required: Prior year Federal Income Tax Return, pages 1-2; prior year W2s for affected person(s)

*Include persons for whom you/your custodial parent will provide more than half support for between July 1, 2016, and June 30, 2017, and persons who will attend college at least half-time (6 credit hours). For number in college, exclude parents.

STEP 4: ESTIMATED 2016 INCOME/BENEFITS

Using the chart below, enter the total yearly income that _____you, _____your spouse, _____your parent(s) expect to receive from January 1, 2016 through December 31, 2016. 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-.

	STUDENT/SPOUSE	PARENTS
Wages, salaries and tips - 01/01/2016 to today	\$ _____ (student)	\$ _____ (parent 1)
- today to 12/31/2016	\$ _____ (student)	\$ _____ (parent 1)
Wages, salaries and tips - 01/01/2016 to today	\$ _____ (spouse)	\$ _____ (parent 2)
- today to 12/31/2016	\$ _____ (spouse)	\$ _____ (parent 2)
Other taxable income (interest, dividends, alimony, net business/farm income, capital gains, pensions, annuities, etc.)	\$ _____	\$ _____
Other untaxed income & benefits (untaxed interest, untaxed & taxed deferred pensions, workman's compensation, IRA/Keough payments, etc.)	\$ _____	\$ _____
Child support paid (do not include for children claimed as part of household)	\$ _____	\$ _____

Will you receive any of the following benefits during 2016? ___ Yes ___ No
 (If yes, **please provide documentation and complete the following.**)

___ 2016 estimated unemployment benefits \$ _____
 ___ 2016 estimated worker's compensation \$ _____
 ___ 2016 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.

Parent 1 _____ Date _____ Parent 2 _____ Date _____

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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 University of Cincinnati PO Box 210125 Cincinnati, OH 45221-0125	Fax: (513) 556-9171 E-mail: financeaid@uc.edu Location: One Stop Student Service Center - 220 University Pavilion, Clifton Campus - 150 Muntz, UC Blue Ash - 100 Student Services, UC Clermont
Phone: (513) 556-1000 (One Stop)	