

# 2018-2019 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 2018-2019 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 (FAFSA) based on unusual circumstances within the household. The University of Cincinnati Student Financial Aid Office will review and, when appropriate, make adjustments to a student's FAFSA to better reflect a student's current financial situation. Based on the updated FAFSA, students may gain eligibility for additional financial aid. ***Even a significant change in circumstances may not alter a student's aid eligibility.***

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

**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 (check all that apply)**

Note: **Based on your individual circumstance, supporting documentation will be requested after your appeal has been reviewed. The appeal cannot be completed until all requested documents have been submitted and reviewed. We reserve the right to delay review, until the end of the calendar year, any appeal where reasonable projections cannot be made.**

Circumstance	Check Box	Date of Change
Death of parent or spouse		
Separation or divorce		
Loss of job		
Decrease in work hours of current position		
Change of job resulting in reduction of income		
Loss of child support reported on FAFSA		
Loss of untaxed income (workman's compensation, etc.)		
Medical or dental expenses not covered by insurance (The FAFSA already takes into consideration estimated medical/dental costs incurred by families. Your out of pocket cost for medical/dental expenses must exceed that estimated cost to be considered for a Special Circumstances Appeal.)		
Increase of income due to one-time payout		
Significant change in student/parent income not listed above		

**STEP 3: FOR CASES OF SEPARATION, DIVORCE OR DEATH**

If you or your parents have incurred a separation, divorce or death **after** filing your 2018-2019 FAFSA, please complete the following:

Number in Household in 2018-2019: \_\_\_\_\_ \*      Number in College in 2018-2019: \_\_\_\_\_ \*

\*Include persons for whom you/your custodial parent will provide more than half support for between July 1, 2018, and June 30, 2019, and persons who will attend college at least half-time (6 credit hours). For number in college, exclude parents.

**STEP 4: ESTIMATED INCOME/BENEFITS**

Using the chart below, enter the total income that you\_\_\_\_your spouse,\_\_\_\_your parent(s) expect to receive. Complete ONLY for the 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 the answer to the item is none write -0-

Estimated income/benefits	Student/ Spouse	Parents	Start Date	End Date
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/Keogh payments, etc.)	\$	\$		
Child support <b>paid</b> (do not included children claimed as part of the household)	\$	\$		
Unemployment benefits	\$	\$		
Worker's compensation	\$	\$		
Child support <b>received</b> (for all family members)	\$	\$		

Please provide a brief explanation of your situation (a statement can also be attached to the form): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 on the FAFSA

Parent 1 \_\_\_\_\_ Date \_\_\_\_\_ Parent 2 \_\_\_\_\_ Date \_\_\_\_\_

~ ~ ~ ~ ~

This appeal will be reviewed by the Student Financial Aid Office. You will be notified in writing of the decision of the appeal once the review is completed. Return the 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  
 Phone: (513) 556-1000 (One Stop)

Fax: (513) 556-9171  
 E-mail: [financeaid@uc.edu](mailto:financeaid@uc.edu)  
 Location: One Stop Student Service Center  
 - 220 University Pavilion, Clifton Campus  
 - 150 Muntz, UC Blue Ash  
 - 100 Student Services, UC Clermont