Special Circumstances Appeal Instructions

For INDEPENDENT students

Special Circumstance appeals are reviewed for fall semester, July 31, 2014 through October 31, 2014 and for spring semester, January 1, 2015 through March 31, 2015.

You may complete the Special Circumstances Appeal form if you are an independent student whose current financial situation is not accurately reflected by 2013 tax information. Your 2013 income is used to assess your financial need for the 2014-2015 school year, in accordance with federal laws and regulations. If your income is lower due to special circumstances, a financial aid administrator may be able to use estimated year 2014 income to calculate financial need. This financial situation may be due to loss of job, separation or divorce, death of spouse, unusual out of pocket medical expenses, or other circumstances. Your appeal is complete only when you submit documentation that supports your circumstance to the Financial Aid Office. Your appeal will not be considered until all necessary documents have been submitted.

Select one category from the following list that most closely describes your special circumstance. Read the description carefully and attach all of the documentation requested under that category.

YOU MUST ALSO SUBMIT A PERSONAL STATEMENT DESCRIBING YOUR CIRCUMSTANCE.

- Loss or reduction of employment

You and/or your spouse earned money in 2013 and have had a reduction in hours, or have lost employment for at least 10 weeks in 2014 that has resulted in a reduction of wages. Ten (10) Weeks must have passed prior to submission of this appeal for either circumstance. APPEALS SUBMITTED BEFORE TEN (10) WEEKS WILL NOT BE ACCEPTED.

You must provide copies of all of the following:
- written verification from the former employer(s) that indicates start and end date of employment or reduction of hours and the amount of your (and/or your spouse’s) year-to-date gross earnings, severance pay, vacation, or retirement payout;
- a written statement from your (or your spouse’s) current or future employer(s) that indicates you or your spouse’s expected gross earnings for the calendar year 2014. Include copies of your two most recent pay stubs.
- eligibility forms that indicate dates and amount of unemployment benefits.

- Separation, divorce, or death

You have already filed your annual Free Application for Federal Student Aid (FAFSA) and since that time, you have become separated or divorced, or a spouse has died.

You must provide copies of all of the following that apply to your circumstances:
- legal separation papers or divorce decree
- death certificate
- **Loss of taxed/untaxed income or benefit**

  You and/or your spouse received unemployment compensation or other taxed or untaxed income or benefit in 2013, and have completely lost that income or benefit for at least 10 weeks in the calendar year 2014. Ten (10) weeks without compensation must have passed prior to your submission of this appeal. Appeals submitted before 10 weeks will not be accepted. The untaxed income or benefit must be from a public or private agency, a company, or from a person due to court order. (Do not include loss of veteran’s benefits.) Income and benefits include: Social Security Benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, welfare benefits, etc.

  You must provide copies of all of the following:
  
  - contracts, agency notices, or legal papers that indicate the date your taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was used

- **Loss of one-time income**

  You and/or your spouse received a one-time income in 2013 that will not occur in 2014 (e.g., rollover into a Roth IRA, moving expense allowance, back-year Social Security payments, or a divorce settlement). Special circumstance consideration will not be given if this one-time income is a result of an inheritance, job bonus or overtime compensation, gambling winnings, pension, capital gain, insurance settlements, or early distributions of retirement accounts.

  You must provide copies of all of the following:
  
  - contracts, agency notices, or legal papers that indicate the date your one-time income was terminated, what amount of income came from that source, and how that income was used

- **Unusual, unreimbursed out of pocket medical care expenses**

  NOTE: Only expenses already paid directly by you will be considered.

  Unexpected/nonrecurring out of pocket medical expenses — You and/or your spouse have paid for unusual or unexpected nonrecurring medical expenses for a member of your household that are not reimbursed. Only those costs not covered by insurance or another agency may be considered.

  The payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses, birth control prescriptions, and elective or cosmetic procedures (e.g., orthodontic braces) are not considered unusual medical expenses and will not be considered for the Special Circumstances appeal.

  You must provide copies of all of the following:
  
  - statement from a health care provider that documents the unusual condition
  - receipt(s) that demonstrate payment of medical treatment for this condition

- **Tuition expenses for private elementary or secondary education**

  You and/or your spouse pay elementary or secondary school tuition for a member of your family during the 2014-2015 academic year at a PRIVATE elementary or secondary school.

  You must provide copies of all of the following:
  
  - school’s enrollment contract that includes name(s) of your children enrolled during the academic year 2014-2015, tuition cost, and the amount of any scholarships that subsidize tuition
### Special Circumstances Appeal

**INDEPENDENT STUDENTS**
Read the Special Circumstances Appeal Instructions carefully before completing this form. Attach your personal statement and all required documentation. You must complete Sections 1, 2, & 3.

#### SECTION 1: Background
- **Student name (first, middle-initial, last)**
- **W#**
- **Date**
- **Address (street or P.O. box, apartment number, city, state, ZIP Code)**

#### SECTION 2: Income source table

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Year to date income</th>
<th>Rest of year income</th>
<th>Total income</th>
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<tbody>
<tr>
<td>Projection of income January 1 through December 31, 2014</td>
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<tr>
<td>1. Income earned from work by student (wages, salary, and tips, for example)</td>
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<tr>
<td>2. Income earned from work by spouse (wages, salary, and tips, for example)</td>
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<td>3. Business, farm, or rental income</td>
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<td>4. Unemployment compensation</td>
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<td>5. Spousal maintenance</td>
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<td>6. Child support</td>
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<td>7. Welfare benefits (such as AFDC or TANF)</td>
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<td>8. Veterans benefits</td>
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<td>9. Social Security benefits (including SSI)</td>
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<td>10. Workers’ compensation</td>
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<td>11. Short-term or long-term disability benefits</td>
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<td>12. Severance pay</td>
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<td>13. Withdrawal from retirement account</td>
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<td>14. Other income (pension, annuity, rental income, housing allowance, bonuses)</td>
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<tr>
<td><strong>Total expected income for 2014</strong></td>
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</table>

#### SECTION 3: Certification

To the best of my knowledge, the information in this appeal is true. I understand that the misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid.

**WARNING:** If you use this form to establish eligibility for federal student financial aid and purposely give false or misleading information, you may be fined $20,000, sent to prison, or both.

- **Student signature**
- **Date**
- **Spouse signature**
- **Date**

To be completed by WSU Financial Aid Office

- **ACTION:** D DENIED  D APPROVED  FAA INITIALS __________  DATE __________
- **COMMENTS:**

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