

INSTRUCTIONS: Situations that warrant a Special Circumstance Appeal are listed in Items 1-6. Please mark appropriate item to indicate your reason for requesting an adjustment.

____1. **Loss of Benefits or Support**
 ____Student ____Mother ____Father ____Spouse

Documents Required:

- Submit letter from appropriate state or federal agency or other legal documentation specifying total amount of benefits or support received and termination date. If child support and/or alimony, a copy of divorce decree to include settlement agreement
- Retirement pay statement for 2018 (if applicable)
- Signed copy of 2018 Federal Tax Return

____2. **Job Loss or Reduction In Income** (*Loss/Reduction must be continuous for at least 10 weeks and be a minimum of 25 percent reduction to be considered*)
 ____Student ____Mother ____Father ____Spouse

Documents Required:

- Submit letter from former employer(s) on company letterhead detailing employee's termination date, reason for separation, and specifying amount of payments or benefits that were/will be received due to the separation
- Signed copy of 2018 Federal Tax Return

____3. **Divorce/Separation**
 ____Student ____Mother ____Father ____Spouse

Documents Required:

- A court stamped copy of the divorce decree or legal separation paperwork
- Signed copy of 2018 Federal Tax Return

____4. **Death**
 ____Mother ____Father ____Spouse

Documents Required:

- Copy of certified death certificate or obituary
- Signed copy of 2018 Federal Tax Return

____5. **One Time Income (examples: inheritance, IRA distribution, back year Social Security payments, capital gain, etc.)**
 ____Student ____Mother ____Father ____Spouse

Documents Required:

- Documentation of one-time income including amount, type of income, and date of receipt
- Statement of how funds were spent, invested or rolled over.
- Financial/Bank Statements
- Signed copy of 2018 Federal Tax Return

____ 6. **Unusual Medical Expense(s) (only for expenses not covered by insurance)**
 ____ Student ____ Mother ____ Father ____ Spouse

Documents Required:

- Provide copy of Schedule A from 2018 Federal Tax Return if deductions were itemized. **If deductions were not itemized**, complete table below and attach supporting statements detailing date expenses incurred, total amount charge, amount insurance **already** paid, and amount patient/family has **already** paid.
- Provide signed copy of 2018 Federal Tax Return.

Medical Expense Table				
Name of patient	Date expenses incurred	Total Medical charge	Amount insurance paid	Amount patient/family paid (not amount owed)
<i>Example: John Doe</i>	<i>10/09</i>	<i>\$5,000</i>	<i>\$1,000</i>	<i>\$4,000</i>
Total Amount of Medical Expenses Paid by Patient/Family				\$

FAFSA	Special Circumstance	Documentation
2019-2020 Based of 2017 Tax Data	Income Reduction in 2018	Submit Signed Federal Tax Return or W-2 Statement for 2017
	Separation/Divorce	Proof of Separation or Divorce Decree
	Married in 2018 or later	Marriage License

FAFSA	Special Circumstance	Documentation
2020-2021 Based of 2018 Tax Data	Income Reduction in 2019	Submit Signed Federal Tax Return or W-2 Statement for 2018
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