

# 2015-2016 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 2015-2016 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 2015. 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| ____ Death of parent or spouse<br>Go to Step 3                                                                                                                                                                                                                                                                          | ____/____/____ |
| ____ Separation or ____ Divorce<br>Go to Step 3                                                                                                                                                                                                                                                                         | ____/____/____ |
| ____ Loss of job<br>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                                                                                         | ____/____/____ |
| ____ Decrease in work hours of current position<br>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                                                                                            | ____/____/____ |
| ____ Change of job resulting in reduction of income<br>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                                                                                        | ____/____/____ |
| ____ Loss of child support reported on FAFSA<br>Required: Signed statement listing monthly support and when it stopped                                                                                                                                                                                                  | ____/____/____ |
| ____ Loss of other untaxable income (workman's compensation, etc.)<br>Required: Letter from agency indicating amounts and ending date                                                                                                                                                                                   | ____/____/____ |
| ____ Medical/dental expenses not covered by insurance exceeding 11% of Income<br>Protection Allowance (minimum \$1603 for dependent students, \$1079 independent students with no dependent children, \$2265 independent students with dependent children)<br>Required: Copies of IRS Schedule A or receipts of payment | ____/____/____ |
| ____ Significant change in student's/parent's income not listed above<br>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 2015-2016 FAFSA, please complete the following:

Number in Household in 2015-2016: \_\_\_\_\_ \*      Number in College in 2015-2016: \_\_\_\_\_ \*

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, 2015, and June 30, 2016, and persons who will attend college at least half-time (6 credit hours). For number in college, exclude parents.

#### STEP 4: ESTIMATED 2015 INCOME/BENEFITS

Using the chart below, enter the total yearly income that \_\_\_\_\_you, \_\_\_\_\_your spouse, \_\_\_\_\_your parent(s) expect to receive from January 1, 2015 through December 31, 2015. 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 - 01/01/2015 to today                                                                                           | \$ _____ (student) | \$ _____ (father) |
| - today to 12/31/2015                                                                                                                    | \$ _____ (student) | \$ _____ (father) |
| Wages, salaries and tips - 01/01/2015 to today                                                                                           | \$ _____ (spouse)  | \$ _____ (mother) |
| - today to 12/31/2015                                                                                                                    | \$ _____ (spouse)  | \$ _____ (mother) |
| 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 <b>paid</b> (do not include for children claimed as part of household)                                                     | \$ _____           | \$ _____          |

Will you receive any of the following benefits during 2015? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, **please provide documentation and complete the following.**)  
\_\_\_\_\_ 2015 estimated unemployment benefits \$ \_\_\_\_\_  
\_\_\_\_\_ 2015 estimated worker's compensation \$ \_\_\_\_\_  
\_\_\_\_\_ 2015 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 \_\_\_\_\_

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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  
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](mailto:financeaid@uc.edu)