INDIANA UNIVERSITY NORTHWEST

Special Circumstances Appeal Form - 2012-2013 Academic Year

Please return the completed form to:
Office of Financial Aid and Scholarships
3400 Broadway
Hawthorn Hall Room 111
Gary, IN 46408-1197
Phone: (219) 980-6778
Fax: 219-981-5622

Your Name (Print) _______________________________
University ID Number: ___________________________
Telephone Number: ______________________________
Email: _________________________________________

The Special Circumstances Appeal allows us to review your financial aid based on unusual circumstances. The unusual circumstances may include one or more of the following:
  Decrease in income, loss of social security benefits or untaxed income, separation or divorce, or uninsured medical/dental costs.

Requirements

• Completed and submitted a 2012-2013 FAFSA
• Include all required documentation
• Submit a signed copy of your 2011 federal income tax transcript, W-2’s, and the appropriate verification worksheet.
• Provide a detailed written statement explaining your special circumstances
  a. Student/Spouse (Independent students must submit individual statement.)
  b. Parent (Dependent students must submit parent statement)

Completing the following sections may reduce your Expected Family Contribution (EFC). **Items 2, 3, and 4 require the completion of the worksheet on the last page of this application.

1) Uninsured medical/dental costs paid between August 2011 and May 2012

Required Documentation: Proof or estimate, on letterhead of physician, of expense(s), or receipt(s). Do not include routine check ups or insurance premiums.

Name of Person that is not covered by insurance ____________________________________________
Relationship to student ______________________________________________________________

Total amount of uninsured medical expense $____________________________________________

Amount of monthly payment $_________________ Date Payments Begin ______________________

**2) Decrease in income between 2011 and 2012

Required Documentation: Estimated amounts for 2012, letter from former employer, last pay stub, unemployment benefits (if applicable), and the completed worksheet. After January 31, 2013 all 2012 W-2’s are required.

**3) Loss of benefits or untaxed income between 2011 and 2012

Required Documentation: Proof of loss of benefit(s) (e.g. Social Security, child support, loss of business, decrease in wages or salary), estimated amount of benefit(s) for 2012, and completed worksheet.

Below list the total amount received and when the benefit ended.

This section indicates that the Student/Spouse received Social Security __________ Other ________________

Total Amount of 2012 Benefit $___________________________ When did the benefit end? ______________ MM/DD/YYYY

**4) Separated, divorced, or widowed since filing the FAFSA

Required Documentation: Proof of lost income (statement on separation, divorce decree, or death certificate) and completed worksheet with estimated amounts for 2012

Please Circle one of the following:

Separated     Divorced     Widowed

Page 1 of 2 Revised 3/23/07
**Worksheet**
**Calendar Year 2012**
**MUST BE COMPLETED FOR ITEMS 2, 3, 4**

Important: Be sure not to leave anything blank. If there is no income please place a zero.

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<tr>
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<tr>
<td>Student’s gross earnings. (wages, salaries, net business or farm income- do not include Federal Work-Study)</td>
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<td>Spouse’s gross earnings. (wages, salaries, net business or farm income- do not include Federal Work-Study)</td>
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<td>Father’s gross earnings. (wages, salaries, net business or farm income- do not include Federal Work-Study)</td>
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<td>Mother’s gross earnings. (wages, salaries, net business or farm income- do not include Federal Work-Study)</td>
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<td>Other taxable income. (unemployment compensation)</td>
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<td>Welfare benefits, including Temporary Assistance for Needy Families (TANF). Do not include Food Stamps.</td>
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<td>Social Security benefits that were not taxed. (such as SSI)</td>
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<td>Child support you are receiving for all children. Do not include foster care or adoption payments.</td>
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<td>Veteran’s non-education benefits, such as Disability, Death Pension, or Dependency &amp; Indemnity compensation (DIC) and/or VA Education Work-Study allowances.</td>
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<td>Any other untaxed income and benefits, such as worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc.</td>
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<td>TOTAL</td>
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Please fill out, sign, and return all required documentation to the Office of Financial Aid and Scholarships.

By signing, I agree to all of the statements listed below:

- I give the Office of Financial Aid and Scholarships permission to verify any information that I provide on this form.
- I certify that all the information provided on this form is correct.
- I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.
- I understand that submitting this form does not automatically increase my financial aid awards.

_______________________________________________________  ____________
Student Signature         Date

_________________________________________________________  ____________
Parent Signature (if applicable)       Date

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**For Office Use Only:**
Received: _________________________________________________________
Reviewed By: _______________________________________________________
Award Adjusted _____________________________________________________
New EFC: _________________________________________________________
Approved: ________________________________________________________
Changes Submitted: _________________________________________ Revised 3/23/07
SSACI Code : ______________________________________________________