INDIANA UNIVERSITY NORTHWEST
Office of Financial Aid and Scholarships
Special Circumstances Appeal Form - 2015-2016 Academic Year

Name (Print) __________________________ University ID Number: ___________________________
Telephone Number: __________________________ Email: __________________________

Have you ever submitted a Special Circumstances Appeal Form in the past? Yes _____ No _____

**Purpose**
The Special Circumstances Appeal allows the consideration of 2015 projected income for financial aid based on documented unusual circumstances. The unusual circumstances may include one or more of the following:

1. Uninsured medical/dental cost
2. Decreased income
3. Loss of Benefits or untaxed income
4. Change in marital status

**Requirements**
- 2015-2016 FAFSA with a valid Estimated Family Contribution (EFC)
- All Required Documentation listed for each category of your application
- Submit a copy of 2014 Federal Income Tax Transcript, all W-2’s, and the appropriate household form.
- Provide a detailed written statement explaining your special circumstances
  a. Student/Spouse (Independent students must submit individual signed statement.)
  b. Parent (Dependent students must submit parent signed statement)

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

1) Uninsured medical/dental costs paid between August 2014 and May 2015

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

Uninsured medical expense $__________
Monthly payment $__________

Uninsured’ s Full Name & Relationship to you Date Payments Begin _____________

**2) Decreased income between 2014 and 2015 (loss of business, decrease in wages or salary)**

**Required Documentation:** Estimated income amounts from all sources for 2015, unemployment benefits (if applicable), last pay stub(s), letter from former employer and the completed worksheet on page 2. **After January 31, 2016 all 2015 W-2’s are required.**

**3) Loss of benefits or untaxed income between 2014 and 2015**

(worker’s compensation, disability, 529 distribution, Pension, child support)

**Required Documentation:** Proof of the loss in benefit(s) –letter from the benefit source, document reporting the amount of benefit(s) received to date, estimated income/benefit from all sources for 2015 and the completed worksheet page 2.

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

**Required Documentation:** Proof of lost income, divorce decree, notarized statement on separation which includes your separated spouse’s current address, death certificate and the completed worksheet on page 2 reporting 2015 income amounts from all sources...this would include amounts received to date and an estimate of income amounts anticipated through the remaining portion of the year.

Please Circle one of the following:

Separated Divorced Widowed MM/DD/YYYY

Please return the completed form to:
Office of Financial Aid and Scholarships • 3400 Broadway, Rm 111 • Gary, IN 46408-1197
Phone: (219) 980-6778 • Fax: (219)981-5622 • Email: finaidnw@iun.edu

Revised 03/05/15
Worksheet
Calendar Year 2015
**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.

<table>
<thead>
<tr>
<th>Income for January 1, 2015 to December 31, 2015</th>
<th>Jan 1, 2015- Dec 31, 2015 Actual</th>
<th>Today- Dec 31, 2015 Estimated</th>
<th>Changes to be made in P/S For Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student’s gross earnings. (wages, salaries, net business or farm income) Do not include Federal Work-Study wages</td>
<td></td>
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<tr>
<td>2. Spouse’s gross earnings. (wages, salaries, net business or farm income) Do not include Federal Work-Study wages</td>
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<tr>
<td>3. Father’s gross earnings. (wages, salaries, net business or farm income) Do not include Federal Work-Study wages</td>
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<td></td>
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<tr>
<td>4. Mother’s gross earnings. (wages, salaries, net business or farm income) Do not include Federal Work-Study wages</td>
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<td>5. Other taxable income. (unemployment compensation)</td>
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<tr>
<td>6. Welfare benefits Including Temporary Assistance for Needy Families (TANF). Do not include Food Stamps.</td>
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<tr>
<td>7. Social Security benefits that were not taxed. (such as SSI)</td>
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<tr>
<td>8. Child support you are receiving for all children. Do not include foster care or adoption payments.</td>
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<tr>
<td>9. 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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<tr>
<td>10. 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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</tr>
<tr>
<td>TOTAL</td>
<td>Actual</td>
<td>Estimated</td>
<td></td>
</tr>
</tbody>
</table>

The 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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Revised 03/05/15