INDIANA UNIVERSITY NORTHWEST

Special Circumstances Appeal Form - 2011-2012 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 2011-2012 FAFSA
• Include all required documentation
• Submit a signed copy of your 2010 federal income tax forms, 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 2010 and May 2011
   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 2010 and 2011
   Required Documentation: Estimated amounts for 2011, letter from former employer, last pay stub, unemployment benefits (if applicable), and the completed worksheet. After January 31, 2012 all 2011 W-2’s are required.

**3) Loss of benefits or untaxed income of 2010 and 2011
   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 2011, 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 2011 Benefit $___________________________   When did the benefit end? _______________________

**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 2011

   Please Circle one of the following:

   Separated     Divorced     Widowed
   ____________________   ____________________   ____________________
**Worksheet**  
**Calendar Year 2011**  
**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, 2011 to December 31, 2011</th>
<th>Jan 1, 11-Today</th>
<th>Today-Dec 31, 2011 Estimated</th>
<th>Changes to be made in P/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s gross earnings. (wages, salaries, net business or farm income- <strong>do not include</strong> Federal Work-Study)</td>
<td></td>
<td></td>
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<tr>
<td>Spouse’s gross earnings. (wages, salaries, net business or farm income- <strong>do not include</strong> Federal Work-Study)</td>
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<td></td>
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</tr>
<tr>
<td>Father’s gross earnings. (wages, salaries, net business or farm income- <strong>do not include</strong> Federal Work-Study)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s gross earnings. (wages, salaries, net business or farm income- <strong>do not include</strong> Federal Work-Study)</td>
<td></td>
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<tr>
<td>Other taxable income. (unemployment compensation)</td>
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<tr>
<td>Welfare benefits, including Temporary Assistance for Needy Families (TANF). Do not include Food Stamps.</td>
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<tr>
<td>Social Security benefits that were not taxed. (such as SSI)</td>
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<tr>
<td>Child support you are receiving for all children. Do not include foster care or adoption payments.</td>
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<tr>
<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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<tr>
<td>Any other untaxed income and benefits, such as worker’s compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc.</td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL**

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: 
SSACI Code: 
Revised 3/23/07