

# INDIANA UNIVERSITY NORTHWEST

## Special Circumstances Appeal Form - 2007-2008 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: (877) 280-4593  
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 2007-2008 FAFSA
- Include all required documentation
- Provide copies of 2006 federal income tax forms, W-2's and 2007-2008 Verification Worksheet for dependent/independent.

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 between August 2006 and May 2007**

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 2006 and 2007**

Required Documentation: Estimated amounts for 2007, letter from former employer, last pay stub, unemployment benefits (if applicable), and the completed worksheet. After January 31, 2008 all 2006 W-2's are required.

### 3) **Loss of benefits or untaxed income of 2006 and 2007**

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 2007, 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 2007 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 2007.

Please Circle one of the following:

**Separated**

**Divorced**

**Widowed**

\_\_\_\_\_  
MM/DD/YYYY

**Worksheet**  
**Calendar Year 2007**  
**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.

Income for January 1, 2007 to December 31, 2007			For Office Use
	Jan 1, 07- Today	Today- Dec 31, 07 <i>Estimated</i>	Changes to be made in P/S
Student's gross earnings. (wages, salaries, net business or farm income- <b>do not include</b> Federal Work-Study			
Spouse's gross earnings. (wages, salaries, net business or farm income- <b>do not include</b> Federal Work-Study			
Father's gross earnings. (wages, salaries, net business or farm income- <b>do not include</b> Federal Work-Study			
Mother's gross earnings. (wages, salaries, net business or farm income- <b>do not include</b> Federal Work-Study			
Other taxable income. (unemployment compensation)			
Welfare benefits, including Temporary Assistance for Needy Families (TANF). Do not include Food Stamps.			
Social Security benefits that were not taxed. (such as SSI)			
Child support you are receiving for all children. Do not include foster care or adoption payments.			
Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity compensation (DIC) and /or VA Education Work-Study allowances.			
Any other untaxed income and benefits, such as worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc.			
<b>TOTAL</b>			

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

<i>For Office Use Only:</i> Received: _____ Reviewed By: _____ Award Adjusted _____ New EFC: _____ Approved: _____ Changes Submitted: _____
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