INDIANA UNIVERSITY NORTHWEST
Office of Financial Aid and Scholarships
Special Circumstances Appeal Form 2019-2020 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 2018 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
• 2019-2020 FAFSA with a valid Estimated Family Contribution (EFC).
• All Required Documentation listed for each category of your application.
• Provide a typed and signed detailed 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 page 2 (see other side) of this application completed.

1) Uninsured medical/dental costs paid between 2017 and 2018

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

Uninsured medical expense $ __________________

Uninsured’s Full Name & Relationship to you

Date Payments Begin _____________

**2) Decreased income between 2017 and 2018 (loss of business, decrease in wages or salary)

Required Documentation: Income amounts from all sources for 2018, unemployment benefits (if applicable), last pay stub(s), letter from former employer and the completed worksheet on page 2.

After January 31, 2019 all 2018 W-2’s are required.

**3) Loss of benefits or untaxed income between 2017 and 2018
(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, income/benefit from all sources for 2018 and the completed worksheet page2 (other side).

**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 (if applicable) and the completed worksheet on page 2 reporting 2018 income amounts from all sources for the entire year January to December 2018.

Please Circle one of the following:

Separated  Divorced  Widowed

MM/DD/YYYY of Marital Status
Worksheet  
Calendar Year 2018  
**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, 2018 to December 31, 2018</th>
<th>Actual</th>
<th>For Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1, 2018 - Dec 31, 2018</td>
<td></td>
<td>Changes to be made in P/S</td>
</tr>
</tbody>
</table>

1. Student’s gross earnings.  
   (wages, salaries, net business or farm income)  
   **Do not include Federal Work-Study wages**

2. Spouse’s gross earnings.  
   (wages, salaries, net business or farm income)  
   **Do not include Federal Work-Study wages**

3. Father’s gross earnings.  
   (wages, salaries, net business or farm income)  
   **Do not include Federal Work-Study wages**

4. Mother’s gross earnings.  
   (wages, salaries, net business or farm income)  
   **Do not include Federal Work-Study wages**

5. Other taxable income.  
   (unemployment compensation, pension/annuity withdrawal)

6. Welfare benefits  
   Including Temporary Assistance for Needy Families (TANF).  
   **Do not include Food Stamps.**

7. Social Security benefits that were not taxed.  
   (such as SSI)

8. Child support you are receiving for all children.  
   Do not include foster care or adoption payments.

9. Veteran’s non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity compensation (DIC)  
   and/or VA Education Work-Study allowances.

10. Any other untaxed income and benefits, such as worker’s compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc.

**TOTAL**

The Please complete, 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

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