INDIANA UNIVERSITY NORTHWEST  
Office of Financial Aid and Scholarships  
Special Circumstances Appeal Form 2022-2023 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 2021 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
• 2022-2023 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 2020 and 2021
   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 $ _____________
   Monthly payment $ _____________

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

**2) Decreased income between 2020 and 2021 (loss of business, decrease in wages or salary)
   Required Documentation: Income amounts from all sources for 2020, unemployment benefits (if applicable), last pay stub(s), letter from former employer and the completed worksheet on page 2.
   After January 31, 2022 all 2021 W-2’s are required.

**3) Loss of benefits or untaxed income between 2020 and 2021
   (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 2021 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 2021 income amounts from all sources for the entire year January to December 2021.

Please Circle one of the following:

Separated  Divorced  Widowed

MM/DD/YYYY of Marital Status

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 01/26/22
Worksheet  
Calendar Year 2021  
**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, 2022 to December 31, 2022</th>
<th>Actual</th>
<th>For Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1, 2022-Dec 31, 2022</td>
<td></td>
<td>Changes to be made in P/S</td>
</tr>
<tr>
<td>1. Student’s gross earnings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(wages, salaries, net business or farm income)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do not include Federal Work-Study wages</strong></td>
<td></td>
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<tr>
<td>2. Spouse’s gross earnings.</td>
<td></td>
<td></td>
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<tr>
<td>(wages, salaries, net business or farm income)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Do not include Federal Work-Study wages</strong></td>
<td></td>
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<tr>
<td>3. Father’s gross earnings.</td>
<td></td>
<td></td>
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<tr>
<td>(wages, salaries, net business or farm income)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do not include Federal Work-Study wages</strong></td>
<td></td>
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<tr>
<td>4. Mother’s gross earnings.</td>
<td></td>
<td></td>
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<tr>
<td>(wages, salaries, net business or farm income)</td>
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<td></td>
</tr>
<tr>
<td><strong>Do not include Federal Work-Study wages</strong></td>
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<tr>
<td>5. Other taxable income.</td>
<td></td>
<td></td>
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<tr>
<td>(unemployment compensation, pension/annuity withdrawal)</td>
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<tr>
<td>6. Welfare benefits</td>
<td></td>
<td></td>
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<tr>
<td>Including Temporary Assistance for Needy Families (TANF).</td>
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<tr>
<td><strong>Do not include Food Stamps.</strong></td>
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<tr>
<td>7. Social Security benefits that were not taxed.</td>
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<tr>
<td>(such as SSI)</td>
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<tr>
<td>8. Child support you are receiving for all children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not include foster care or adoption payments.</td>
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<td></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>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**  
**Actual**

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

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