INDIANA UNIVERSITY NORTHWEST
Office of Financial Aid and Scholarships
Special Circumstances Appeal Form 2020-2021 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 2019 or 2020 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
- 2020-2021 FAFSA with a valid Estimated Family Contribution (EFC).
- 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 2019 and 2020
   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 2019 and 2020 (loss of business, decrease in wages or salary)
   Required Documentation: Income amounts from all sources for 2019 or 2020, unemployment benefits (if applicable), last pay stub(s), letter from former employer and the completed worksheet on page 2.

**3) Loss of benefits or untaxed income between 2019 and 2020 (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 2019 and the completed worksheet page 2 (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 2019 or 2020 income amounts from all sources for the entire year January to December 2019 or 2020.

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
Worksheet  
Calendar Year 2020  
**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, 2020 to December 31, 2020</th>
<th>Actual</th>
<th>For Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1, 2020 - Dec 31, 2020</td>
<td>Changes to be made in P/S</td>
<td></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 __________

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