



# INDIANA UNIVERSITY FORT WAYNE OFFICE OF STUDENT FINANCIAL SERVICES

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## 2018-2019 Special Circumstance Appeal

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If your financial situation has changed substantially since completing the Free Application for Federal Student Aid (FAFSA), you can submit a Special Circumstance Appeal form for reconsideration of your financial need for the 2018-2019 Aid Year (fall 2018 and/or spring 2019).

### **Who should file an appeal?**

Any student or family whose financial situation has changed from 2016 to 2018 can submit the following application for a change in the financial need analysis for the student. An approved appeal may either reduce the Expected Family Contribution (EFC) or increase the overall Cost of Attendance (COA) for the student.

### **Cost of Attendance (COA) Change**

If you are attempting to increase the overall COA, the following items are taken into consideration.

- Vehicle repair/mileage expenses
- Computer purchase
- Dependent care allowance
- Other reasonable education-related expenses

Note: An increase in your COA may not allow for an increase in any financial aid award if you have already been awarded the maximum annual Direct Loan amount. However, students may pursue private, Parent PLUS or Graduate PLUS loan options up to the new COA.

### **Expected Family Contribution (EFC) Change**

If you are attempting to reduce the EFC, the following items may be taken into consideration.

- Parent's out-of-pocket expenses in postsecondary education program
- Decrease in income from 2016 to 2018
- Nonrecurring income or one-time income exclusion
- Separated, divorced, or widowed since filing FAFSA

Note: Students that already have a zero Expected Family Contribution (EFC) should not submit an appeal for an EFC change since it cannot be decreased further.

**Submission:** Please submit your application; typed narrative explaining the situation; and supporting documentation to the Office of Student Financial Services to determine if you are eligible for a special circumstance adjustment. You will receive an email notification at your IUFW email of the decision within ten business days.

If you feel this form does not fully reference your special circumstance and would still like the Office of Student Financial Services to review your situation- please submit a typed narrative explaining the situation with supporting documentation and we will review your situation. Please also fill out the appeal form with your name, student ID, e-mail address and appropriate signatures.

### **Checklist of Items Needed for the Appeal**

- Appeal Form completed and signed
- Typed narrative that details the reasons for the special circumstance review
- Any documentation requested by Appeal Form or SFS Staff.



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### 2018-2019 Special Circumstance Appeal

Student Name: \_\_\_\_\_

University ID: \_\_\_\_\_

IUFW email address: \_\_\_\_\_

#### I am attempting to increase my COST OF ATTENDANCE due to...

	Required Documentation	Amount
Vehicle Repair:	Dated and itemized bill/receipt showing the expense paid.	\$
Car Mileage:	None, We calculate mileage based on school address listed in the Student Center.	\$
Dependent/Child Care:	Dated receipt from provider showing payment # of Dependent(s): _____ Age of Dependent(s): _____	\$
Personal Computer Purchase:	Dated receipt showing purchase	\$
Unusually High Off-Campus Housing Costs:	Copy of lease, student must be listed on lease.	\$
Other Education-Related Costs	Proof of paid costs and letter of explanation	\$

#### I am attempting to decrease my EXPECTED FAMILY CONTRIBUTION due to...

	Required Documentation	Amount
Parent in College: For Dependent Students Parents must: <ul style="list-style-type: none"> <li>Attend during the fall 2018/spring 2019 timeframe</li> <li>enroll at least half time</li> <li>not receive employer reimbursement</li> </ul>	Receipt showing paid fees and copy of parent's schedule. Parent Name: _____  Name and Location of School: _____	\$
Decrease in income from 2016 to 2018	<ul style="list-style-type: none"> <li>Letter from prior employer advising of worker's last day</li> <li>Evidence of unemployment benefits and dates of payment</li> <li>If re-employed current paystubs for worker</li> <li>Use of the DRT on the FAFSA or 2016 Tax Return Transcript must be submitted: <a href="https://www.irs.gov/individuals/get-transcript">https://www.irs.gov/individuals/get-transcript</a></li> </ul>	\$
Loss of One-Time or Non-Recurring Income:	<ul style="list-style-type: none"> <li>Documentation showing amount of windfall payment</li> <li>Statement advising the office how funds were used</li> <li>Must provide full 2016 Tax Return with all attachments</li> </ul>	\$
Student/Parent Divorced/Widowed/Separated	<ul style="list-style-type: none"> <li>Documentation illustrating change in marital status (death certificate/divorce decree/proof of separation)</li> <li>W2/1099 for separated individual</li> <li>Use of the DRT on the FAFSA or 2016 Tax Transcript must be submitted: <a href="https://www.irs.gov/individuals/get-transcript">https://www.irs.gov/individuals/get-transcript</a></li> </ul>	\$



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### 2018-2019 Special Circumstance Appeal

#### Worksheet: Calendar Year 2018

**Instructions:** The chart below is required if you are requesting adjustments to your Estimated Family Contribution. Based on your FAFSA status of dependent or independent, enter values in the appropriate columns. Enter a zero (0) in any box with no income. Please do not leave any space blank. Do not include Federal Work Study dollars.

2018 Estimated Income and Benefits	Parent 1 or Independent Student	Parent 2 or Independent Student/Spouse	Documentation Required
Wages/Tips/Salary	\$	\$	Most recent pay stub
Alimony/Child Support	\$	\$	Court documentation of amount
Severance Pay	\$	\$	Letter from prior employer
Unemployment Compensation	\$	\$	Unemployment compensation verification
Social Security/SSI	\$	\$	Social Security/SSI statement
Pensions/Annuities	\$	\$	Income/Interest statement
Retirement/IRA Distributions	\$	\$	Statement indicating amount or distribution report from financial institution
Business/Farm Income	\$	\$	CPA statement or other documentation
Rental Income	\$	\$	Statement of earnings
Housing Allowance	\$	\$	Documentation of allowance
Other Income	\$	\$	Documentation of income

**Affirmation statement (Sign and Date):** My signature indicates that information submitted is true and accurate to the best of my knowledge. I authorize the Office of Student Financial Services to verify this information. I understand that providing false information can result in the cancellation or repayment of financial aid. I understand that increasing my COA does not allow for an increase in financial aid if I have already been awarded the maximum annual Direct loan amount. However, I may pursue private, Parent PLUS or Graduate PLUS loan options up to the new COA. I understand that decreasing my EFC may affect the Federal Pell Grant or enable me to receive more subsidized Direct Loan funds if I have not received the maximum amount. All steps taken above are dependent upon my submission of appropriate and complete documentation necessary or review of this special circumstance appeal.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_  
To sign this form, print it then provide your signature

Signature of Spouse: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_