Who should file an appeal?
Any student or family whose financial situation has changed from 2017 to 2019 can submit the following application for a change in the financial need analysis for the student. An approved appeal may reduce the Expected Family Contribution (EFC) for the student. 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- submit a typed narrative explaining the situation. Be sure to complete the appeal form with appropriate documentation.

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.

How to file an appeal?
Please submit:
- this completed application;
- typed narrative explaining the situation; and
- all supporting documentation listed under the requested category

When will I know the outcome?
If no additional documentation is needed, you will receive an email notification at your IUPUI email of the decision within ten business days.

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

A Parent in College: (Dependent Students) The parent(s) must attend at least half time during the fall 2019 or spring 2020 timeframe. The college costs may not be paid by employer reimbursement.
Required Documentation:
- Receipt showing fees and payment by parent
- Parent Schedule including School Name and Location

Decrease in income from 2017 to 2019:
Required Documentation:
- Use of the DRT on the FAFSA, signed 2017 Tax Return, or 2017 Tax Return Transcript must be submitted
- Letter from prior employer advising of worker’s last day
- Evidence of unemployment benefits and dates of payment
- If re-employed current pay stubs for worker

Loss of One-Time or Non-Recurring Income:
Required Documentation:
- Documentation showing amount of windfall payment
- Statement advising the office how funds were used
- Must provide full signed Federal 2017 Tax Return with all schedules

Divorced/Widowed/Separated Parent or Student:
Required Documentation:
- Use of the DRT on the FAFSA, signed 2017 Federal Tax Return, Or 2017 Tax Return Transcript must be submitted
- Documentation illustrating change in marital status (death certificate/divorce decree/proof of separation)
- W2/1099 for separated individual
**2019-2020 Special Circumstance – Expected Family Contribution Appeal**

Student First & Last Name  
10 digit university ID

**Worksheet: Calendar Year 2019**

**Instructions:** The chart below is required if you are requesting adjustments to your Estimated Family Contribution. 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. If your parents are married to each other list both of them on this form. If your parent has re-married include your step-parent’s information. If your parent was divorced or separated before filing the FAFSA, exclude his/her spouse’s information. If your parents are unmarried, but living together, report both of them on this form.

<table>
<thead>
<tr>
<th>Household Size</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of household member*</td>
<td>Age</td>
<td>Relationship to the student</td>
<td>College or University</td>
<td>Marital Status</td>
</tr>
<tr>
<td>Self/Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Step-Parent (Dependent Student only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Step-Parent (Dependent Student only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*List the name of the college/university where this household member will attend at least half-time during 2019-2020. To be listed, student must be in a program leading to a degree or certificate at an institution which awards Title IV aid.

**2019 Estimated Income and Benefits**

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Dependent Students</th>
<th>Independent Students</th>
<th>Independent Student Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Salary/Tips</td>
<td>Parent 1</td>
<td>Parent 2</td>
<td>Independent Student</td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severance Pay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension/Annuities/IRA/Retirement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business/Farm/Rental Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Allowance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 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: ____________________________

Signature of Spouse: ____________________________ Signature of Parent: ____________________________