



# Special Circumstances Appeal 2019-2020

**APPEAL DEADLINE: December 1, 2019**

In some instances, the Free Application for Federal Student Aid (FAFSA) does not adequately reflect a family's financial situation due to extenuating circumstances beyond the family's control. This application allows the Financial Aid Department to re-evaluate a student's eligibility for financial aid resources. Please submit all requested documentation to enable a thorough review of your appeal. Submission of this appeal is not a guarantee any adjustments to your data. Therefore, current aid awards should be the basis of your financial planning for enrollment. **Please allow 4-6 weeks for review and processing of this appeal.**

## Student Information *(please print clearly)*

0						
---	--	--	--	--	--	--

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Student ID# or last 4 digits SS#

## Required Documentation

- The Special Circumstances Appeal form
- A written statement outlining the extenuating circumstances outlining the reason for this appeal
- **DEPENDENT STUDENT**, complete and submit the 2019-2020 V1 Dependent verification forms. You may download the forms at <https://www.hocking.edu/financial-aid-forms>
  - 2018 W2's for you and your parent(s) if there was employment in 2018 yet no tax return filed.
- **INDEPENDENT STUDENT**, complete and submit the 2019-2020 V1 Independent verification forms. You may download the forms at <https://www.hocking.edu/financial-aid-forms>
  - 2018 W2's for you and your parent(s) if there was employment in 2018 yet no tax return filed.
- Supporting documentation for your special circumstance

### Examples of Special Circumstances:

- Loss of employment due to involuntary reasons (must have been out of work at least 10 weeks)
- Reduction of earnings due to disability or natural disaster
- Loss or reduction of untaxed income
- Separation or Divorce of Self (Independent Students or Parents Dependent Students)
- Death of Parent or Spouse
- Excessive Medical and/or Dental Expenses (must exceed 7.5% of the adjusted gross income for consideration)
- Sibling Private School Tuition for Elementary, Middle or High School (K-12) Paid

### Examples of Supporting Documentation

- Letter on company letterhead from previous employer confirming separation date, rate of pay, and copy of last pay stub
- Letter or statement from Unemployment Bureau confirming your benefits
- Court documents or official letter from appropriate agency
- Copy of separation or divorce agreement outlining separation agreement
- Copy of a signed death certificate

## Estimate of Income for 2019

### Student Information *(please print clearly)*

0						
---	--	--	--	--	--	--

---

Last Name	First Name	MI	Student ID# or last 4 digits SS#
-----------	------------	----	----------------------------------

---

### Instructions

Complete each section in its entirety. If the line does not pertain to you, enter '0' or 'NA'. In the sections pertaining to benefits, please indicate the recipient of the benefit (e.g., self, mother, step-parent, spouse, etc.). List the total income received for 2018 through today's date and estimated income from today's date to 12/31/2019. If needed, multiply the dollar amount by the appropriate number of weeks/months/paychecks to determine the gross amount to list below (e.g., \$1000 x 12 months = \$12,000). If any of the benefits listed below are pending, do not submit this form until you receive confirmation of the amount from the provider.

Please submit copies of benefit paperwork for all that apply below.	Actual 1/1/18 -Today's Date	Estimated Today's Date through 12/31/19	Total
Gross Income from Work (Attach paystubs for the year.) By Parent 1 By Parent 2 or By Student (if Independent) By Student's Spouse	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____
Unemployment Benefits/ Worker's Compensation Recipient:	\$ _____	\$ _____	\$ _____
Military/Clergy Housing Allowance Recipient	\$ _____	\$ _____	\$ _____
Taxable Social Security	\$ _____	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____	\$ _____
Disability Recipient _____	\$ _____	\$ _____	\$ _____
Payments to tax-deferred pension and savings	\$ _____	\$ _____	\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh or other retirement plans	\$ _____	\$ _____	\$ _____
Untaxed portions of pensions or IRA distributions	\$ _____	\$ _____	\$ _____
Other Income Sources: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____

**Certification Statement and Signature(s):** I/We hereby acknowledge that I/We understand that if the requested documentation does not accompany this appeal, there will be no consideration for adjustments. I/We understand that verification of my FAFSA is necessary to resolve any potential conflicting data. I/We understand that providing false or misleading information may result in a fine, imprisonment or both. I/We further understand that the decision of the Financial Aid Department is final. *(If you are a dependent student, at least one of your parents must sign this form).*

---

Student's Signature	Date	Parent or Spouse Signature	Date
---------------------	------	----------------------------	------