

SPECIAL CIRCUMSTANCES APPEAL 2017-2018

This form is intended for students requesting a recalculation of financial need based on special or unusual circumstances. Your family's 2015 income (provided on your 2017-18 FAFSA) has been used to determine your eligibility for federal financial aid. If your family's income in 2016 was significantly lower than it was in 2015 due to special circumstances such as loss of a job, separation/divorce, death, disability, unusual medical expenses, or other circumstances, TVCC may be able to use your 2016 or 2017 family income instead of your 2015 family income to determine your eligibility for financial aid.

This appeal is only appropriate if **ALL** of the following are true.

- Your 2016 or 2017 financial information is significantly different than it was in 2015.
- Your 2015 Expected Family Contribution (EFC) from your 2017-2018 FAFSA is greater than zero.
- Your 2016 or 2017 financial information is significantly different than the information you provided on your 2017-2018 FAFSA.
- You are able to document your situation as described below.

Student Information:

Name: _____
LAST FIRST MI

Address: _____
NUMBER AND STREET (Physical Address Only, No P.O. Boxes)

_____ CITY _____ STATE _____ ZIP _____ HOME PHONE

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Phone Number: _____ Email: _____

IMPORTANT:

Please complete this form and submit it with the following supporting documentation to TVCC Financial Aid. Do not have anyone else complete this form for you. A decision will be based on the information you provide - be sure it is complete, comprehensive, detailed and legible.

1. A written/typed statement describing your circumstances in detail and why you feel an exception should be made.
2. Photocopies of your (and your parents' or your spouse's if applicable) 2016 Federal tax transcripts and W-2's.
3. Completed Independent or Dependent Verification Form.
4. The required documentation as specified for each situation described on page 2.

INCOMPLETE APPEALS/DOCUMENTATION CANNOT BE CONSIDERED.

If an exception is approved, your FAFSA will be revised and your financial aid award adjusted accordingly. Allow up to two weeks for processing. You will be notified of changes to your financial aid award.

Please sign and date:

I certify that all information submitted as a part of, and in support of this appeal is complete and accurate.

 Student's Signature Date

 Parent's Signature (if applicable) Date

Name: _____
LAST FIRST MI

PLEASE CHECK THE ITEMS BELOW THAT APPLY. You may check more than one item if applicable.

**CATEGORY A – Loss or Reduction of Income or Benefits
(must have occurred at least 8 weeks prior to submitting this appeal)**

___You, ___ your spouse, ___ your parents (check all that apply) had employment in 2015, but experienced a loss of job or reduction of income in the calendar year 2016 or 2017. Date(s) change(s) occurred _____.

___You, ___ your spouses, ___ your parents (check all that apply) received unemployment compensation or other income /benefit in 2015 and have lost that income or benefit in the calendar year 2016 or 2017. Date(s) change(s) occurred _____.

CATEGORY A REQUIRED DOCUMENTATION CHECKLIST:

- 1. Termination letter or loss of benefit notification showing employment start dates, end dates, or reductions in hours.
- 2. Eligibility documentation indicating dates and amounts of benefits including but not limited to unemployment benefits and/or severance pay.

**CATEGORY B – Separation, Divorce, Death, or Disability
(must have occurred at least 8 weeks prior to submitting this appeal)**

___After filing your FAFSA, have ___separated or ___divorced (check all that apply). Date(s) change(s) occurred _____.

___Loss of family income due to death or disability of spouse. Date(s) change(s) occurred _____.

CATEGORY B REQUIRED DOCUMENTATION CHECKLIST:

- 1. Divorce papers indicating the date of marital change, or written statement of separation.
- 2. For death or disability, please provide a copy of the death certificate, obituary, or physician's disability determination.

CATEGORY C – Excessive Medical or Dental Expenses

___You, ___ your spouse, ___ your parents (check all that apply one) have on-going medical/dental expenses in calendar year 2016 or 2017 that are not covered by insurance.

___You, ___ your spouse, ___ your parents (check all that applies) paid excessive medical and/or dental expenses in calendar year 2016 or 2017.

CATEGORY C REQUIRED DOCUMENTATION CHECKLIST:

- 1. Copy of Schedule A from tax your federal tax forms (if applicable).
- 2. Copies of bills/EOB's (Explanation of Benefits) and an itemized list with a total of ALL medical and or dental expenses paid out of pocket.

CATEGORY D – Change in Marital Status

___After filing your FAFSA, you have gotten married.

CATEGORY D REQUIRED DOCUMENTATION CHECKLIST:

- 1. Copy of Marriage Certificate.

For Financial Aid Office Use Only

Other - _____

INDEPENDENT STUDENT & SPOUSE'S 2016 ANTICIPATED INCOME AND ASSETS

Student Social Security Number: _____ - _____ - _____

Student is: ___married ___not married ___divorced ___separated ___widowed

List the people in your household, include:

- yourself, and your spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2017 through June 30, 2018, and
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018

Write the names of all household members. Also write in the name of the college for any household member who will be attending college at least half-time (minimum 6 credits) one term between July 1, 2017 and June 30, 2018, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
Martha Jones (example)	24	Wife	TVCC
		Self	

Please enter the amounts you anticipate you will receive in each category for January 1 through December 31, 2017.
Do not leave blanks – use zeros where appropriate.

Anticipated Income for 2017	Student	Spouse (if applicable)
GROSS wages, salaries, tips (w-2 earnings)	\$	\$
Interest and dividend income	\$	\$
Alimony Received	\$	\$
Business and/or Farm Income	\$	\$
Partnership and/or S-Corporation Income	\$	\$
Capital Gains Income	\$	\$
Pension and Annuities	\$	\$
Rents and Royalties	\$	\$
Unemployment	\$	\$
Other Taxable Income:	\$	\$
Social Security Benefits for ALL Family members	\$	\$
Child support received for all children	\$	\$
Retirement and/or Disability Benefits	\$	\$
Welfare Benefits, including TANF (exclude food stamps)	\$	\$
Untaxed portions of pensions and/or annuities	\$	\$
Living and housing allowances for clergy, military, etc.	\$	\$
Veteran's non-educational benefits	\$	\$
Deductible IRA/Keogh payments	\$	\$
Other Untaxed Income: Source: _____	\$	\$
Veterans Benefits \$ _____ x _____ mo. =	\$	\$
TOTAL ANTICIPATED INCOME =	\$	\$

DEPENDENT STUDENT & PARENT'S 2017 ANTICIPATED INCOME AND ASSETS

Student Social Security Number: _____ - _____ - _____

Parent(s) are: married not married divorced separated widowed

List the people in your **parents'** household, include:

- yourself and your parent(s) (including stepparent). List yourself even if you no longer live with them.
- your parents' other children, even if they don't live with your parent(s), if (a) your parents provide more than half of their support from July 1, 2017 through June 30, 2018 or (b) the children would be required to provide parental information when applying for Federal Student Aid.

Write the names of all household members. Also write in the name of the college for any household member, **excluding your parent(s)**, who will be attending college at least half-time (minimum 6 credits) one term between July 1, 2017 and June 30, 2018, and will be enrolled in a degree or certificate program . If you need more space, attach a separate page.

Full Name	Age	Relationship	College
Martha Jones (example)	24	Wife	TVCC
		Self	

Please enter the amounts you anticipate you will receive in each category for January 1 through December 31, 2017.
Do not leave blanks – use zeros where appropriate.

Anticipated Income for 2017	Student	Father	Mother
GROSS wages, salaries, tips (w-2 earnings)	\$	\$	\$
Interest and dividend income	\$	\$	\$
Alimony Received	\$	\$	\$
Business and/or Farm Income	\$	\$	\$
Partnership and/or S-Corporation Income	\$	\$	\$
Capital Gains	\$	\$	\$
Pension and Annuities	\$	\$	\$
Rents and Royalties	\$	\$	\$
Unemployment	\$	\$	\$
Other Taxable Income: Source _____	\$	\$	\$
Social Security Benefits for ALL Family members	\$	\$	\$
Child support received for all children	\$	\$	\$
Retirement and/or Disability Benefits	\$	\$	\$
Welfare Benefits, including TANF (exclude food stamps)	\$	\$	\$
Untaxed portions of pensions and/or annuities	\$	\$	\$
Living and housing allowances for clergy, military, etc.	\$	\$	\$
Veteran's non-educational benefits	\$	\$	\$
Deductible IRA/Keogh payments	\$	\$	\$
Other Untaxed Income: Source: _____	\$	\$	\$
Veterans Benefits \$ _____ x _____ mo. =	\$	\$	\$
TOTAL ANTICIPATED INCOME =	\$	\$	\$