

2019-2020 Special Circumstance Appeal

Student ID _____ Legal Name _____

Due to peak processing periods, appeals will not be reviewed during the following time frames:

8/12/2019 – 9/15/2019 and 12/09/2019 – 01/12/2020

The last day for submission of a 2019-2020 Special Circumstance Appeal is March 15, 2020.

Federal regulations allow the review of changed financial circumstances from the “base year”(2017) reported on the FAFSA, to the “projected year” (2019). This new evaluation is permitted when families experience a substantial reduction in income. Our research shows that a reduction of less than 20% in total family income (student and/or parent) rarely results in a change in aid eligibility.

The review process for Special Circumstance considers two factors in the review of each case:

1) Is the original FAFSA correct?**2) Is there a special circumstance in the household that would allow a recalculation of the EFC?**

- I understand that my current FAFSA will be selected for Financial Aid verification.
- I understand that the original Financial Aid offers will be on hold until all required and requested documents are received and reviewed by the Office of Financial Aid.
- If my financial situation or circumstances change from what I have indicated on this form, I agree to notify the Office of Financial Aid of the change.
- I understand that additional financial assistance is NOT guaranteed and that any additional financial assistance is based upon the availability of funds.
- Financial Aid verification of my FAFSA may result in corrections. In rare cases these corrections may alter my current Financial Aid offers regardless of whether the Special Circumstance appeal is approved.

Student Signature _____ Date _____

Please complete all documents in BLUE or BLACK ink.

Student ID _____ Legal Name _____

Please use the checklist to ensure that all required documentation is being submitted. Failure to provide all required and requested documentation will result in the appeal being denied.

Documentation required for all appeals:

Dependent Student Checklist		Independent Student Checklist	
	A 2019-2020 Dependent Verification Worksheet (available online: www.emich.edu/finaid)		A 2019-2020 Independent Verification Worksheet (available online: www.emich.edu/finaid)
	A copy of your 2017 and 2018 Federal Tax Transcripts and a copy of your parent(s) 2017 and 2018 Federal Tax Transcripts.		A copy of your (and your spouse's) 2017 and 2018 Federal Tax Transcripts.
<p>To obtain the 2017 and 2018 IRS Tax Return Transcript, go to www.irs.gov and click on the "Get Your Tax Record" link, or call 1-800-908-9946. Make sure to request the "IRS Tax Return Transcript" and not the "IRS Tax Account Transcript." Use the Social Security Number and date of birth of the first person listed on the IRS income tax return, and the address on file with the IRS (normally this will be the address used on the IRS income tax return).</p>			
	A copy of your & your parent(s) 2017 & 2018 W-2 forms for all jobs held in 2017 & 2018		A copy of your (& your spouse's) 2017 & 2018 W-2 forms for all jobs held in 2017 & 2018
	A copy of your and your parent(s) last pay stubs for all jobs held in 2019, showing YTD earnings		A copy of your (and your spouse's) last pay stubs for all jobs held in 2019, showing the YTD earnings
	A letter detailing the date and circumstances of your parent(s) change of income and how you are currently meeting living expenses.		A letter detailing the date and circumstances of your (and/or your spouse's) change of income and how you are currently meeting living expenses.

Documentation that may also be required, please check and submit all that apply:

<u>Change in household situation:</u>			
	Divorce/ Separation	Effective date: ____/____/____	A copy of the divorce decree/separation papers or evidence of separate living accommodations (including any child support arrangements)
	Death	Date of death: ____/____/____	Photocopy of the death certificate and information on any life insurance policy payout as applicable
<u>Income reduction:</u>			
	Loss of employment	Effective date: ____/____/____	Copy of unemployment benefits or statement of ineligibility Documentation of severance (if applicable)
	Loss of other income or benefit	Effective date: ____/____/____	Statement of Loss (e.g. information on one time buy out, loss of child support, etc.)
	Medical/Dental Expenses		Copy of all paid receipts for medical/dental expenses (not insurance statements, but actual receipts). <u>Provide itemized list of expenses, including dates and amounts.</u>