

In-state: (800) 210-6932
Fax: (207) 454-1018

Special Circumstance Appeal 2018-2019

Student Name: _____ Student ID #: _____
(Please print)

Dear Student: (Please do not turn this form in to FA office until after JULY 1, 2018)

The primary responsibility for financing a student's education rests with the student and their family. Unless a student is classified as Independent* for financial aid purposes by federal definition, parental income and asset information must be included in determining eligibility. Student (and parents, when applicable) contributions (together making up the Expected Family Contribution or EFC) are calculated using a congressionally mandated needs-analysis formula. Washington County Community College recognizes this formula may not always accurately reflect special circumstances for individual students and/or families.

If your situation has changed drastically from the information you provided on the 2018-2019 Free Application for Federal Student Aid (FAFSA) and the situation falls into one of the categories listed in this form, you may submit a complete Special Circumstance Appeal with the required documentation. Please allow 2-4 weeks processing time after we receive the request.

Once a completed request is reviewed, it may result in either 1) a reduction in the base year income and/or assets, 2) the use of projected income for the current calendar year, or 3) an increase in Cost of Attendance (COA) for the current academic year.

In many cases, an adjustment does not increase the student's eligibility for gift aid (grants and scholarships that do not have to be repaid). In fact, the adjustments may only increase the student or parent's eligibility for loans; change non-need based loans to need based loans, or may not result in any increased aid.

If you wish to proceed with the Special Circumstance Appeal, please check and complete all applicable sections on pages 2, 3, and 4, sign, attach all required documentation, then mail to the address provided above.

An incomplete application will be returned. Please, do not submit this form unless the form is complete and all requested documentation, signatures, and requirements have been met.

*The Federal definition for an Independent student—student must meet at least one of the following conditions: 1) Are you 24 years old; 2) as of today, are you married; 3) at the beginning of the 2018-2019 school year, will you be working on a master's or doctorate program; 4) are you currently serving on active duty in the U.S. Armed Forces for purposes other than training; 5) are you a veteran of the armed forces; 6) do you have children who will receive more than half of their support from you between July 1, 2017 and June 30, 2018; 7) do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2016; 8) at any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court; 9) are you or were you an emancipated minor as determined by a court in your state of legal residence; 10) are you or were you in legal guardianship as determined by a court in your state of legal residence; 11) at any time on or after July 1, 2016, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless; 12) at any time on or after July 1, 2016, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless; 13) at any time on or after July 1, 2016, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

1) **Reduction of Income due to loss of Child Support, Alimony, and/or Social Security Benefits**

Name of Recipient (s)	Type of Income Reduction	Amount Received in 2016	Anticipated 2017 Amount	Type(s) of Documentation Attached*
Total	XXXXXXXXXX	\$	\$	XXXXXXXXXXXX

*Must include one or more of the following: Social Security statements verifying change/termination of benefits; court records; divorce/separation agreements & updates; other legal documentation and a letter of explanation.

2) **Loss or reduction of household income due to death, permanent disability, and/or separation/divorce (for independent students or parents of dependent students)**

Name of Person Involved	Relationship to Student	Reason	Date

Complete for the above individual(s)

Type of Income	2016 (husband & wife together)	2017 (Surviving or custodial spouse only)
Wages, salary, tips (including severance pay, disability payments, etc.)		
Untaxed social security benefits		
TANF		
Child Support		
Other income: (specify)		
Total Income for Year:	\$	

Required documentation for all above situations:

- Copy of 2016 Federal Income Tax Transcript (can also use IRS imported tax info in Power Faid) for person(s) being evaluated
- Documentation of year-to-date earnings for 2016
 - For death of parent or spouse**
 - Photo copy of death certificate or newspaper obituary
 - Expected life insurance or death benefits to be paid in 2016
 - For permanent disability**
 - Documentation of disability and resulting permanent inability to work from attending physician
 - For separation or divorce of student or of parent of dependent student**
 - Copy of separation/divorce agreement or signed statement

3) **Reduction of income due to one time income (examples: moving allowances, back year social security payments, IRA/pension distribution, sale of primary residence, etc.)**

	2016	2017
AGI	\$	\$
Wages, salaries, tips	\$	\$
One time income (specify)	\$	\$
Total Income for Year:	\$	\$

Required documentation:

- Copy of 2016 Federal Tax Transcript (can also use IRS imported tax info in Power Faid) of person(s) being evaluated
- Documentation of type, date, and verification of one time nature of income involved
- Signed, dated letters/statement of explanation

4) **Unusual Medical and Dental Expenses paid in 2016 and not subject to reimbursement by insurance (Independent Students or parent of Dependent Student)**

2016 AGI: \$	X 5%=\$	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Total 2016 health insurance premiums paid		\$
Total 2016 medical expenses paid (not covered by insurance)		\$
Total 2016 pharmaceutical paid (not covered by insurance)		\$
Total 2016 dental paid (not covered by insurance)		\$
Total 2016 Medical expenses paid (Proceed with this Appeal request if this total exceed 5% of 2016 AGI above)		\$

Required documentation:

- Copy of 2016 Federal Income Tax Transcript (can also use IRS imported tax info in Power Fails), for person(s) being evaluated
- Itemized statement of all bills included in calculation from tax return or photocopy of records from doctors, dentists, hospitals, insurance carrier, pharmacy, etc. **WE DO NOT ACCEPT EXPLANATION OR NOTIFICATION OF BENEFITS.**
- Documentation that these costs have not been and will not be covered by insurance
- Signed, dated letter explaining the situation.

5) **Reduction of earned income of ≥ 20% of 2016 earnings of student, spouse, or parent of dependent student. Generally, adjustments in this category are not figured until August or after.**

Name of Person(s) Involved	Relationship to Student	Reason for Income Reduction	Date of Income Change	Total Income 2016*	Total Anticipated Income 2017*
(1)				\$	\$
(2)				\$	\$
(3)				\$	\$

*Totals from worksheet below:

Income Calculation Worksheets

2016 Total Income (Taxed and Untaxed)	Person (1)	Person (2)	Person (3)	2017 Anticipated Income (Taxed and Untaxed)	Person (1)	Person (2)	Person (3)
Wages, salaries, tips (incl. Unemployment comp., severance, disability all income earned from work)	\$	\$	\$	Wages, salaries, tips (incl. Unemployment comp., severance, disability all income earned from work)	\$	\$	\$
Other Taxable Income:(specify)	\$	\$	\$	Other Taxable Income:(Specify)	\$	\$	\$
Retirement	\$	\$	\$	Retirement	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$	Untaxed Social Security Benefits	\$	\$	\$
TANF	\$	\$	\$	TANF	\$	\$	\$
Child Support received for All Children	\$	\$	\$	Child Support received for All Children	\$	\$	\$
Other Untaxed Income**	\$	\$	\$	Other Untaxed Income**	\$	\$	\$
Total 2016 Income*	\$	\$	\$	Total 2016 Income*	\$	\$	\$

Other untaxed income includes: payments to tax deferred pension and savings plan (e.g. 401K, 403B, etc.); IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans; tax exempt interest income; untaxed portions of IRA distributions, excluding rollovers; untaxed portions of pensions from IRS, excluding rollovers; housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits); veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances; other untaxed income not reported, such as workers' compensation, disability, etc. **Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplements Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels; money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.

Required documentation:

- Copy of 2016 Federal Income Tax Transcript (can also use IRS imported tax info in Power Faid) for all involved person(s)
- Statement from employer reflecting projected 2016 income, signed statement from involved person(s) certifying other anticipated 2017 & 2018 income otherwise not documented and the intent to not earn in excess of that amount.
- Signed, dated letter explaining the situation.

6) Expenses **required for a Special Needs Child or Dependent Adult (e.g., private school, special services, equipment, etc.) not covered by other sources or parent in college.**

Name of family member	Age	Relationship to student	Total expenses in 2016	Enrollment Status (e.g. Full-time, ¾ time, etc.)
			\$	
			\$	

Required documentation:

- For private school-statement from professional that this is a required or recommended expense
- Signed statement including:
 - Explanation of nature of need and types of services, etc.
 - List of expenses included in total above

Special Condition Appeal Checklist

- _____ All Applicable sections on page 1-4 complete.
 _____ Sign certification below.
 _____ All documentation enclosed.

Certification

I certify that I have read all enclosed information and understand the following:

- 1) All documentation has been provided. The Special Circumstances Appeal will not be reviewed, but returned if incomplete.
- 2) My Financial Aid Counselor will review this appeal. I will contact them directly if I have any questions or concerns.
- 3) I will receive written acknowledgement of decision, allowing 2-4 weeks for processing.
- 4) Adjustments to income due to reasons other than death, permanent disability, separation or divorces generally are not made until August or later.

I certify that the information provided on this form and accompanying documentation is true and correct to the best of my knowledge and belief. I agree, if requested, to provide documentation to support the information provided with this request after the end of the current calendar year. I understand that understanding projected income could result in reduced eligibility, repayment of aid, or both, in the current or next academic year.

Student's Signature

Date

Spouse's Signature (if applicable)

Date

Father's Signature (if applicable)

Date

Mother's Signature (if applicable)

Date