

## 2023-2024 Special Circumstance Appeal/ Unusual Circumstance

**Student Name:** \_\_\_\_\_ **CLC ID#:** \_\_\_\_\_

If your family’s financial situation has changed since you filed the 2023-2024 FAFSA, you may qualify to have your aid eligibility reevaluated. You may be required to meet with a financial aid specialist to go over your appeal.

**Documentation Required of all appeals for consideration:**

- **A 2021 and 2022 Tax Return Transcript or Signed IRS 1040, and W-2 and 1099 forms for BOTH the student/spouse (if married) and parent(s).**
- **A typed detailed explanation of appeal; A hand-written explanation will not be accepted.**

**Please Note:** Your aid eligibility will not be evaluated until all required and requested documentation is received. ***The submission of this form does not guarantee an increase in your aid eligibility.***

### Check Reason(s) for Appeal

1. **Unemployment:** Indicate relationship to the student, the name of former employer(s), and calculate the expected/projected income for the 2023-2024 school year. Changes in employment must have occurred at least 6 weeks prior to the submission of this form and resulted in a loss of at least 20% of income. Changes in employment cannot be seasonal in nature.

The unemployment is for: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name of Employer(s): \_\_\_\_\_  
 Expected/Projected income for July 1, 2023, through June 30, 2024, for person(s) whom unemployment has occurred.  
 Wages, salaries, and tips: \$ \_\_\_\_\_ Untaxed income: \$ \_\_\_\_\_ List source(s) of income reported.  
 Examples include unemployment benefits, Social Security benefits, AFDC, child support, worker’s compensation, veteran’s non-education benefits. \_\_\_\_\_

**Required Documentation:**

- A. Signed letter from employer on company letterhead verifying separation from employment. The letter must include the date of hire and date of separation.  
 B. If receiving unemployment benefits you must provide a copy of the benefit statement.  
 C. If separated from more than one employer, you must submit a letter of separation for each employer.  
 D. Provide documentation of expected/projected income.
2. **Divorce/Separation: Required** documentation: Copy of divorce decree or documentation indicating separate residences and all W-2 and 1099 forms and itemization of tax return if taxes were filed as married.
3. **Death of a Family Member:** relationship of family member to student: \_\_\_\_\_  
 Required documentation: Copy of death certificate. You may be asked to submit a tax return and all W-2 and 1099 forms.
4. **Medical/Dental Expenses: Substantial** out-of-pocket medical or dental expenses that were not covered by insurance and/or not itemized on the IRS income tax return. Required documentation: A written explanation of the expenses, an Explanation of Benefits (EOB) from your insurance company or Schedule A of your tax return.
5. Change **in Income: Affected** individual must have earned money in 2022 or 2023 and experienced a significant decrease in resources that is a result of disability, natural disaster, change in employment, or another catastrophic event. This reduction must be at least \$2,000.00 and reflect at least a 20% decrease from 2021 total income.



Financial Aid Office  
19351 West Washington Street  
Grayslake, IL 60030-1198  
Phone: (847) 543-2062 • Fax: (847) 543-3062

**Required Documentation for Change in Income:**

- A. A statement and documentation of your situation.
- B. Copies of three most recent pay stubs showing gross year-to-date income from each job, disability verification, or other documentation to support the loss of income. Loss of income cannot be seasonal in nature.
- C. Please Note: You may be required to file your 2023 Federal Tax Return before this form will be processed.

The unemployment is for: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Name of Employer(s): \_\_\_\_\_

Expected/Projected income for July 1, 2023, through June 30, 2024, for person(s) affected. Wages, salaries, and tips:  
\$ \_\_\_\_\_ untaxed income: \$ \_\_\_\_\_ List source(s) of income reported: Examples include Social Security benefits, AFDC, child support, worker's compensation, veteran's non-education benefits, other.  
\_\_\_\_\_

6. Other: **Required** Documentation: Typed explanation of the situation, along with relevant documentation.

**Both Dependent Students and Independent Students Must Complete This Section**

**Household size and number in college:** Include yourself and spouse (if married), your parents (if dependent), any children or other people that you (or your parents) will provide at least one-half of their financial support between July 1, 2023, and June 30, 2024. Household members must reside with you (or your parents) between July 1, 2023, and June 30, 2024. **Also write in the name of the college for any family member who will be attending a college in a degree or certificate program at least half-time between July 1, 2023, and June 30, 2024.**

Full Name	Age	Relationship to Student	Name of College

**Please be advised that April 14th, 2024, will be the final day to submit an appeal for consideration.**

I/we certify that the information on this form is true and correct. If I purposely give false or misleading information, I may be fined \$10,000.00, sent to prison, or both. I/we also understand that I/we may be required to submit tax return transcripts for the 2023-2024 academic year.

**Please note:** Enrollment in classes is required for file review. You may be required to submit further documentation to complete your appeal file. Your eligibility will not be evaluated until all documentation is received. Submitting this form and the appropriate tax returns and supporting documentation does not guarantee any changes to aid eligibility. You will be notified of all decisions upon completion of your file review.

\_\_\_\_\_  
Student Signature Date Parent or Spouse (if married) Date

**For assistance with completing this form, please contact the Financial Aid Office at (847) 543-2062 or [финаid@clcollinois.edu](mailto:финаid@clcollinois.edu) to schedule an appointment to meet with a Financial Aid Specialist. **To submit this document: Go to your mystudentcenter under the financial aid tab CLC FA upload documents. This is the safest and most secure way to turn in your document.****

**2022 Gross Income**                      **Student**                                      **Spouse**                                      **Parent(s)**

Wages, Salaries, Tips			
Interest Income			
Pension			
Business/Farm Income			
Alimony			
Unemployment			
Other:			

Totals			
--------	--	--	--

Dates for the year calculation \_\_\_\_\_

**2022 Untaxed Income**                      **Student**                                      **Spouse**                                      **Parent(s)**

Social Security/SSI			
TANF			
Child Support received			
Pension (Untaxed)			
Earned Income Credit			
Worker's Compensation			
Disability Benefits			
Cash Support			
Other:			

Totals			
--------	--	--	--

**For Office Use Only**

Approved-Reason: \_\_\_\_\_

Denied-Reason: \_\_\_\_\_

Student New AGI: \_\_\_\_\_ New Taxes Paid: \_\_\_\_\_ Student New Wages \_\_\_\_\_ Spouse New Wages: \_\_\_\_\_

Parent New AGI: \_\_\_\_\_ New Taxes Paid: \_\_\_\_\_ Parent 1 New Wages: \_\_\_\_\_ Parent 2 New Wages: \_\_\_\_\_

New EFC: \_\_\_\_\_ Old EFC: \_\_\_\_\_

FAA Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IF for **Unusual Circumstance** (for dependency waiver)– briefly document approval or denial: