

2024-2025 Special Circumstance Appeal/ Unusual Circumstance

Student Name: _____ **CLC ID#:** _____

If your family's financial situation has changed since you filed the 2024-2025 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 2022 and 2023 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 2024-2025 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, 2024, through June 30, 2025, 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 2023 or 2024 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 2022 total income.

The rest of this form is for OFFICE USE ONLY

For Office Use Only	
<input type="checkbox"/> Approved-Reason: _____	
<input type="checkbox"/> 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: _____

Form for office use only

Special Circumstance Calculation Form

Term Fall 24 / Spring 25

Student ID # _____

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			

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