



# 2015-2016 Income Change/Special Circumstance Appeal (Dependent student)

Financial Aid Office  
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**PLEASE NOTE:** You must have filed a 2015-2016 Free Application for Federal Student Aid (FAFSA) and have received your results BEFORE submitting this form. All appeals must contain supporting documentation. **Unsigned, incomplete or inadequately documented forms will not be considered.** Submission of an appeal does not imply your request will be approved. **Appeals should be submitted as soon as possible, but no later than mid-term of the semester for which the student is requesting aid.**

Financial need is partially based on the student's and his/her parent(s)' gross annual income for the previous tax year. If your family's income has recently decreased or you have special financial issues that were not taken into account on your FAFSA, we may be able to re-evaluate your financial need based on your family's projected gross income for the 2015 tax year (January 1, 2015 to December 31, 2015). For dependent students, we consider changes in income for the student's parent(s) only.

You will be notified in writing of the Appeal Committee's decision. **Allow 30 days for review.** Additional time may be needed for review if the Financial Aid Office requests additional information. If we are able to make adjustments, we will submit corrections to your FAFSA data. If you qualify for additional aid based on your adjusted financial need, we will award the additional aid when the correction process is complete. This correction process could take up to two more weeks, depending on the time of year.

## WHAT IS A "SPECIAL CIRCUMSTANCE"?

Special circumstances are usually defined as unexpected events or situations beyond your control. Examples include (but are not limited to): loss of employment, reduction in hours, loss of benefits such as Social Security or child support, disability, separation or divorce after filing the FAFSA, death of a parent after filing the FAFSA.

## WHAT IS NOT ELIGIBLE FOR APPEAL? (not limited to these examples)

- Routine personal living expenses (car payments, insurance, credit card bills, mortgage/rent)
- Unusual personal living expenses (wedding costs, legal expenses)
- Reduction in overtime pay
- Bankruptcy
- One-time income from gambling earnings

## INSTRUCTIONS

★ ★ **Complete this form only if your family's gross income has decreased at least 20% from what it was the previous year.**

## REQUIRED DOCUMENTATION

In addition to completing this form and providing all situation-specific supporting documentation, all appeals must include the following documentation:

- A typed (or neatly hand-written), signed statement explaining your family's special circumstances
- Signed** copy of your 2014 Federal Income Tax Return (or Tax Transcript) and W-2 forms
- Signed** copy of your parent(s)' 2014 Federal Income Tax Return (or Tax Transcript) and W-2 forms
- A copy of the most recent pay stub from each employer
- Verification of all untaxed income received in 2014
- Complete the Estimated Income/Expenses Worksheet on page 4
- Appeals submitted after 12/31/15 MUST include signed copies of 2015 Federal Income Tax Returns and all W-2 forms**

\*Please note that omitting required documentation may cause delays in your appeal's review or your appeal may be denied.

## A: STUDENT INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
EWC Student ID Number

\_\_\_\_\_  
Address (include apartment number)

\_\_\_\_\_  
Social Security Number (Last four digits)

\_\_\_\_\_  
City, ST, Zip

\_\_\_\_\_  
Phone Number (Include area code)

## B: REASON FOR SUBMITTING APPEAL (check all that apply)

**A. Unemployment or reduction of hours or wages**

Parent who worked in 2014 is now unemployed or has had work hours and/or wage rate reduced.

**Required documentation:**

- Copy of last pay stub(s) from previous employer(s)
- Copy of letter from employer on letterhead verifying the release from employment or reduction in hours/wages, the date the change became effective and the duration of the reduction if temporary
- Notice of eligibility or denial for unemployment benefits
- Copy of disability benefit statement if applicable

**B. Medical or dental expenses**

You or your parent(s) made payments for expenses not covered by insurance. **Medical expenses for which you received no insurance or other reimbursement must exceed 11% of the family's taxable income** in order to be considered for appeal.

**Required documentation:**

- Submit copies of receipts or billing statements showing amounts for which you received no insurance or other reimbursement, as well as documentation of payment
- Total medical expenses for which you received no insurance or other reimbursement(s): \$\_\_\_\_\_.

**C. Retirement**

Parent who worked in 2014 has retired.

**Required documentation:**

- Copy of last pay stub(s) from previous employer(s)
- Copy of retirement benefit statement
- Letter from previous employer on letterhead stating last date of employment

**D. Death of parent**

Parent passed away after the FAFSA was filed.

**Required documentation:**

- Copy of death certificate, obituary, or funeral program

**E. Separation or divorce of parent**

Parent was married when the FAFSA was filed, but has now separated or divorced.

**Required documentation:**

- Court documentation verifying legal separation or divorce, or letter from attorney documenting that legal proceedings have begun

**F. Reduction or loss of support or benefits**

Parent received support or benefits in 2014 that have been terminated or reduced. Support or benefits may include: worker's compensation, unemployment benefits, child support, Social Security benefits, pensions, etc.

**Required documentation:**

- Last check stub or printout of benefit received
- Letter from agency on letterhead verifying the date and amount of benefit lost



## D: ESTIMATED INCOME/EXPENSES WORKSHEET

The following section requires you to provide **your and your parent(s)' expected income for 2015**. Please provide figures for the **entire year**; do not report hourly or monthly wages or income. Include **all** income received from January 1, 2015 until now, and estimate amounts to be received from now until December 31, 2015. This form may be completed in pencil.

**Do not leave any line blank. List the yearly amount you expect to pay in expenses and receive from income in 2015. If no income/expenses are expected, you MUST write "\$0" or "N/A".**

<b><u>EXPENSES FOR 2015</u></b>	<b>JAN. 2015—TODAY</b>	<b>TODAY—DEC. 2015</b>	<b>TOTAL</b>	
Rent/mortgage	\$ _____	\$ _____	\$ _____	
Utilities	\$ _____	\$ _____	\$ _____	
Insurance: Home/apartment	\$ _____	\$ _____	\$ _____	
Auto	\$ _____	\$ _____	\$ _____	
Tuition/fees ( <i>paid for dependents</i> )	\$ _____	\$ _____	\$ _____	
Food	\$ _____	\$ _____	\$ _____	
Clothing	\$ _____	\$ _____	\$ _____	
Transportation ( <i>gas, repairs</i> )	\$ _____	\$ _____	\$ _____	
Car payments/lease	\$ _____	\$ _____	\$ _____	
Unreimbursed medical/dental	\$ _____	\$ _____	\$ _____	
Recreation	\$ _____	\$ _____	\$ _____	
Other (specify): _____	\$ _____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	\$ _____	
<b><u>TOTAL EXPENSES:</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>No line may be left blank! If \$0, please provide an explanation on a separate form.</b>

<b><u>INCOME FOR 2015</u></b>	<b>JAN. 2015—TODAY</b>	<b>TODAY—DEC. 2015</b>	<b>TOTAL</b>	
Student's <i>gross</i> income from work	\$ _____	\$ _____	\$ _____	
Mother's <i>gross</i> income from work	\$ _____	\$ _____	\$ _____	
Father's <i>gross</i> income from work	\$ _____	\$ _____	\$ _____	
Interest/dividend income	\$ _____	\$ _____	\$ _____	
Pensions/annuities	\$ _____	\$ _____	\$ _____	
Unemployment compensation	\$ _____	\$ _____	\$ _____	
Severance pay	\$ _____	\$ _____	\$ _____	
Social Security benefits	\$ _____	\$ _____	\$ _____	
Veterans benefits	\$ _____	\$ _____	\$ _____	
Child support received	\$ _____	\$ _____	\$ _____	
AFDC/TANF/SNAP	\$ _____	\$ _____	\$ _____	
Financial aid	\$ _____	\$ _____	\$ _____	
Other (specify): _____	\$ _____	\$ _____	\$ _____	
<b><u>TOTAL INCOME:</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	If your total expenses exceed your total income, you must provide a detailed explanation of how you plan to meet expenses.

## E: CERTIFICATION AND SIGNATURE

By signing this worksheet, I/we certify that all of the information reported is complete and correct. I/we also acknowledge that I/we have read and agree to comply with all verification policies as stated by EWC. **Failure to submit information in a timely fashion may result in the application being filed as inactive** with no further consideration and no federal aid for the academic year.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed names: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**