Income Change/Special Circumstance Appeal
(Independent student)

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 spouse’s (if applicable) gross annual income for the previous tax year. If your 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 projected gross income for the 2015 tax year (January 1, 2015 to December 31, 2015). For independent students, we consider income for the student and, if married, the spouse.

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 spouse 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 spouse’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
   Student or spouse who worked in 2014 is now unemployed or has had work hours and/or wage rate reduced.
   Required documentation:
   o Copy of last pay stub(s) from previous employer(s)
   o 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
   o Notice of eligibility or denial for unemployment benefits
   o Copy of disability benefit statement if applicable

☐ B. Medical or dental expenses
   You or your spouse 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:
   o Submit copies of receipts or billing statements showing amounts for which you received no insurance or other reimbursement, as well as documentation of payment
   o Total medical expenses for which you received no insurance or other reimbursement(s): $__________________.

☐ C. Retirement
   Student or spouse who worked in 2014 has retired.
   Required documentation:
   o Copy of last pay stub(s) from previous employer(s)
   o Copy of retirement benefit statement
   o Letter from previous employer on letterhead stating last date of employment

☐ D. Death of spouse
   Spouse passed away after the FAFSA was filed.
   Required documentation:
   o Copy of death certificate, obituary, or funeral program

☐ E. Separation or divorce
   Student was married when the FAFSA was filed, but has now separated or divorced.
   Required documentation:
   o 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
   Student or spouse 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:
   o Last check stub or printout of benefit received
   o Letter from agency on letterhead verifying the date and amount of benefit lost
G. **One-time income**

Student or spouse received non-recurring income in 2014 from a pension, IRA, annuity, inheritance, settlement, etc.

**Required documentation:**
- Copy of form 1099 or other statement from paying agency showing the one-time income
- Explain why the one-time income is not available for education expenses; include documentation.

H. **Dislocated Worker/Displaced Homemaker**

Student/spouse is a Dislocated Worker if he/she is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation or was self-employed but is now unemployed due to economic conditions or natural disaster. A Displaced Homemaker is generally a person who previously provided unpaid services to the family (e.g. stay-at-home parent), is no longer supported by the spouse, is unemployed or underemployed, and is having trouble finding or upgrading employment.

**Required documentation:**
- 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

I. **Other**

You or your spouse has other unusual circumstances not listed above.

**Required documentation:**
- Explain the circumstances in detail, including the impact on your ability to pay for your educational expenses
- Attach supporting documentation of the circumstances

---

C: **EXPLANATION OF SPECIAL CIRCUMSTANCES**

Whose income decreased (check all that apply)?

- □ Student
- □ Student’s spouse

What date did the change in circumstance occur? _____/_____/

*Explain below (or attach a typed, signed personal statement explaining), in as much detail as possible, why you are requesting a change in income. Please list dates that the changes occurred and how it impacted your income. You must provide appropriate documentation. Be as detailed as possible about the change in your circumstances.*

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________
The following section requires you to provide your (and your spouse’s, if applicable) 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”.

### EXPENSES FOR 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>JAN. 2015—TODAY</th>
<th>TODAY—DEC. 2015</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/mortgage</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Utilities</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Insurance: Home/apartment</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Auto</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Tuition/fees</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Books/supplies</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Food</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Clothing</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Transportation (gas, repairs)</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Car payments/lease</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Unreimbursed medical/dental</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Recreation</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Other (specify): ________________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

**TOTAL EXPENSES:** $_________ $_________ $_________

### INCOME FOR 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>JAN. 2015—TODAY</th>
<th>TODAY—DEC. 2015</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s gross income from work</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Spouse’s gross income from work</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Interest/dividend income</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Pensions/annuities</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Unemployment compensation</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Severance pay</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Alimony/spousal support</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Social Security benefits</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Veterans benefits</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Child support received</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>AFDC/TANF/SNAP</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Resources from parents/relatives</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Financial aid</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Other (specify): ________________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

**TOTAL INCOME:** $_________ $_________ $_________

### E: CERTIFICATION AND SIGNATURE

By signing this worksheet, I certify that all of the information reported is complete and correct. I also acknowledge that I 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: ___________________________

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