

**DEPENDENT STUDENT SPECIAL CIRCUMSTANCES APPEAL****INSTRUCTIONS AND FORM****Academic Year 2016–2017**

You may complete the Special Circumstances Appeal form if you are a dependent student whose parents' current financial situation is not accurately reflected by 2015 tax information. Your family's 2015 income is used to assess your financial need for the 2016–2017 school year, in accordance with federal laws and regulations. If your family's income is lower due to special circumstances, a financial aid administrator may be able to use your parent's estimated 2016 income to calculate financial need. This financial situation may be due to loss of a job, separation or divorce, death, disability, unusual medical expenses, or other circumstances. If your family has experienced a prolonged and significant decline in family income, you may be eligible for additional financial aid funds for the current academic year.

**Documentation is essential. Your family must submit all of the following:**

- A personal statement with a parental signature that explains their situation
- Your parents' 2015 federal tax form **1040, 1040A, 1040EZ**, including all pages, schedules, and **W-2s**
- Your 2015 federal tax form **1040, 1040A, 1040EZ**, including all pages, schedules, and **W-2s**
- Sections 1, 2, 3, and 4 of the Special Circumstances Appeal form (attached) completed correctly

If you have not already done so, you must first apply for federal financial aid by completing the 2016–2017 Free Application for Federal Student Aid (FAFSA) with 2015 tax information. After submitting the FAFSA, please provide information regarding your reduction in income by completing this form. Your appeal is complete only when you attach the documentation that validates your special circumstances. No action will be taken until all of the documentation appropriate to your parent's circumstance is submitted to the Office of Student Finance.

**Appeal categories**

select the category that most closely describes your 2016–2017 special circumstance.

 **Loss or reduction of employment, loss of military employment or benefits**

Your parent earned money in 2015 and has had an income reduction (loss of overtime will not be considered), or have lost employment for at least 8 weeks in 2016 that has resulted in a reduction of income. **Eight (8) weeks** must have passed prior to submission of this appeal for either circumstance.

**YOU MUST PROVIDE ALL OF THE FOLLOWING:**

- written verification** from your parent's former employer(s) that indicates start and end date of employment or reduction of hours. Former employers should document dates and amounts received for earnings, severance pay, vacation, and retirement payout. You may provide us with a copy of your last pay stub received which should detail your year-to-date earnings, severance, etc.; **AND**
- a written statement** from your parent's current or future employer(s) that indicates his/her expected gross earnings for the calendar year 2016. Year 2016 earnings must be documented with a letter from your parent's employer projecting earnings or with copies of your parent's two most recent pay stubs; **AND**
- eligibility forms** that indicate dates and amount of unemployment benefits, such as unemployment compensation you are or will be receiving. We will need a copy of your initial eligibility determination letter from the unemployment compensation office.

 **Separation, divorce, or death**

You have already filed your annual Free Application for Federal Student Aid (FAFSA) and since that time, your parents have separated or divorced, or a parent has died.

**YOU MUST PROVIDE ONE OF THE FOLLOWING:**

- legal separation papers or divorce decree; **OR**
- evidence of separate living accommodations if no legal separation exists; **OR**
- a death certificate, and documentation of year-to-date earnings for deceased parent.

 **Tuition expenses for private elementary or secondary education**

Your parent(s) pay elementary or secondary school tuition for a member of your family during the 2016–2017 academic year. Only expenses not covered or reimbursed by another agency/source will be considered. Only tuition incurred during the 2016–2017 academic year (after August 2016) will be considered.

**YOU MUST PROVIDE ALL OF THE FOLLOWING:**

- a copy of the **school's enrollment contract** that includes name(s) of your parents' child(ren) enrolled during the 2016–2017 academic year, tuition cost, and the amount of any scholarships or grants that subsidize the tuition.

**Nursing home expense / adult dependent care**

Your parent(s) are paying a nursing home or an adult dependent care facility for services provided to a family member during the 2016–2017 academic year.

**YOU MUST PROVIDE ALL OF THE FOLLOWING:**

- documentation that your family member is being cared for by a nursing home, other facility, person, or agency.
- documentation of your payments; i.e. copies of canceled checks or payment receipts from person, facility or agency.

**Parent enrolled at least half time in a degree or certificate college program**

**YOU MUST PROVIDE ALL OF THE FOLLOWING:**

- a **paid tuition and fee statement** that indicates the number of credits for which your parent is registered during the 2016–2017 academic year. If parent submits this for fall 2016, please indicate parent’s projected spring 2017 enrollment plans in your personal statement.

**Loss of taxed/untaxed income or benefit**

Your parent received unemployment compensation, or another taxed or untaxed income or benefit in 2015, and has completely lost that income or benefit for at least 8 weeks in the calendar year 2016. Eight (8) weeks without compensation must have passed prior to your submission of this appeal. The untaxed income or benefit must be from a public or private agency, a company, or from a person due to court order. (Do not include loss of educational veterans benefits.) Income and benefits may include: Social Security benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, welfare benefits, and Minnesota Family Investment Plan (MFIP).

**YOU MUST PROVIDE ALL OF THE FOLLOWING:**

- copies of **all contracts, agency notices, or legal papers** that indicate the date your parent’s taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was used. If loss of child support, provide relevant pages of court decree documenting that it will end.

**Loss of one-time income**

Your parent received one-time income in 2015 that will not occur in 2016 (e.g., rollover into a Roth IRA, moving expense allowance, back-year Social Security payments, or a divorce settlement). Special circumstance consideration **will not** be given if this one-time income is a result of an inheritance, job bonus or overtime compensation, gambling winnings, pension, capital gain, insurance settlements, or early distributions of retirement accounts.

**YOU MUST PROVIDE ALL OF THE FOLLOWING:**

- copies of **all contracts, agency notices, or legal papers** that indicate the date your parent’s one-time income was terminated, what amount of income came from that source, and how that income was used.

**Unusual, unreimbursed medical care expenses**

**NOTE: Only expenses already paid directly by your parent(s) will be considered.**

- **Unexpected medical expenses**—Your parent(s) have paid for unusual or unexpected medical expenses for a member of your household that are not reimbursed. These expenses are over and above typical health maintenance costs due to an unexpected, extraordinary emergency or incident. OSF assumes that you and your family members will have insurance coverage. Only those costs not covered by insurance or another agency may be considered. These expenses must be at least \$3,000. Payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses, birth control prescriptions, and elective or cosmetic procedures (e. g., orthodontic braces) are **not** considered unusual medical expenses and **will not be considered** for the special circumstances appeal.

**YOU MUST PROVIDE ALL OF THE FOLLOWING:**

- copies of canceled checks that document your **PAID** medical expense. In your personal statement, we need a concise summary of your total 2015 or 2016 medical expense.

- **Medical expenses for certified disabled student**—If you, the student, have medical expenses due to a chronic disability, these costs may be considered in your financial aid eligibility. Disability related costs are those expenses attributed to maintaining a chronic illness or condition that is not due to an unexpected incident or emergency. If you attend the University of Minnesota, Twin Cities, contact Disability Services, 180 McNamara Center, 200 Oak St. S.E., East Bank campus, for information on the availability of additional services and certification.

**YOU MUST PROVIDE ALL OF THE FOLLOWING:**

- a **statement from health care provider and Disability Services** that document the unusual condition; **AND**
- receipts or canceled checks** that demonstrate **payment** for medical treatment of this condition.

# SPECIAL CIRCUMSTANCES APPEAL

Academic Year 2016–2017



**DEPENDENT STUDENTS**—Read the Special Circumstances Appeal Instructions carefully before completing this form. You must complete Sections 1, 2, 3, and 4. **Please return by March 13, 2017**, to the address on the right. **Note: Legitimate appeals will be accepted after this date.** If you will NOT be enrolled for spring 2017 semester, the deadline to appeal is December 1, 2016.

**RETURN FORM:**

**BY MAIL TO:**  
**Office of Student Finance**  
 20 Fraser Hall  
 106 Pleasant St. SE  
 Minneapolis, MN 55455

**IN PERSON ON CAMPUS TO:**  
 333 Robert H. Bruininks Hall  
 130 West Bank Skyway  
 130 Coffey Hall

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

## SECTION 1. Student information

Name (last, first, middle initial)	University ID	Date
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)		Phone (include area code)

List all family members included on your 2016–2017 Free Application for Federal Student Aid (FAFSA). If you need more space, you may add more family members in your personal statement.

Name	Birthdate	Relationship to student	Post-secondary institution s/he will attend at least half time from July 1, 2016 to June 30, 2017	Social Security number (last 4 digits)
		self	University of Minnesota, Twin Cities	
		father/stepfather		
		mother/stepmother		
		sibling		
		sibling		

## SECTION 2. Income source table

January 1 through December 31, 2016	Actual 1/1/16 - today	Estimated Today - 12/31/16	Total Actual + estimated								
1. Income earned from work by mother (wages, salary, and tips, for example)											
2. Income earned from work by father (wages, salary, and tips, for example)											
3. Income earned from work by student (wages, salary, and tips, for example)											
4. Business, farm, or rental income											
5. Interest/dividend income, specify by source and value:											
<table border="1"> <thead> <tr> <th>source</th> <th>\$ value</th> <th>source</th> <th>\$ value</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	source	\$ value	source	\$ value							
source	\$ value	source	\$ value								
6. Unemployment compensation											
7. Capital gains											
8. Spousal maintenance											
9. Child support											
10. Welfare benefits (such as AFDC or TANF)											
11. Veterans benefits											
12. Social Security benefits (including SSI)											
13. Workers' compensation											
14. Short-term or long-term disability benefits											
15. Severance pay											
16. Withdrawal from retirement account											
17. Other (e.g., pension, annuity, rental income, housing allowance, bonuses)											



To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.  
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Please recycle.

**SECTION 3: FAFSA Additional Information tables, calendar year 2015, academic year 2016-2017**

**Items to review.** We need these items to be reviewed if your family reported dollar amounts on lines 93 and 94 of your 2016-17 FAFSA. Enter a \$0 next to any item that does not apply to your parents. Please report annual amounts.

<b>Q93. Parent's 2015 Additional Financial Information (Enter the amounts for your parent[s].)</b>	<b>2015 Tax-based FAFSA</b>	<b>2016 Tax Year Estimate</b>
a. Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040—line 50 or 1040A—line 33.	\$	\$
b. Child support paid because of divorce or separation or as a result of a legal requirement. <b>Don't include</b> support for children in your household, as reported in question 73.	\$	\$
c. Your parents' taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
d. Student grant and scholarship aid reported to the IRS in your parents' adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your parents' adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$	\$
f. Earnings from work under a cooperative education program offered by a college.	\$	\$

<b>Q94. Parent's 2015 Untaxed Income (Enter the amounts for your parent[s].)</b>	<b>2015 Tax-based FAFSA</b>	<b>2016 Tax Year Estimate</b>
a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S. Don't include amount report in code DD (employer contributions toward employee health benefits).	\$	\$
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.	\$	\$
c. Child support received for any of your parents' children. Don't include foster or adoption payments.	\$	\$
d. Tax exempt interest from IRS Form 1040—line 8b or 1040A—line 8b.	\$	\$
e. Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$	\$
f. Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$	\$
g. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
h. Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
i. Other untaxed income not reported in 94a through 94h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels	\$	\$

**SECTION 4. Certification**

To the best of my knowledge, the information in this appeal is true. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. I understand that my federal tax return will be used to verify the current financial aid application information and that I will be selected for institutional verification at the University of Minnesota, Twin Cities, in the next aid year. **WARNING:** If you use this form to establish eligibility for federal student financial aid and purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Student signature	Date
Parent signature	Date