

2009-2010 SPECIAL CIRCUMSTANCES APPEAL FORM

Check one: Incoming Freshman or Transfer Student Continuing Student or Graduate/Law Student

Student's Name _____ SS# _____

Address _____ Email _____

City _____ State _____ Zip _____ Phone (____) _____

NOTE: BEFORE YOU CAN BE CONSIDERED FOR AN APPEAL, YOU MUST HAVE ALREADY FILED YOUR 2009-2010 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA).

The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. The University of Cincinnati Student Financial Aid Office will review and, when appropriate, make adjustments to a student's institutional, state and federal aid when a student, spouse, or parent have demonstrated a decrease in income for 2009. We reserve the right to delay review, until the end of the calendar year, any appeal where reasonable projections cannot be made.

STEP 1: AFFECTED PERSON(S)

Name(s) of person(s) whose income(s) have changed: _____

Indicate the above named person's relationship to you (check all that apply):

Self Spouse Father/Step Mother/Step Other (explain) _____

STEP 2: CIRCUMSTANCE

Note: **No action will be taken on this appeal until we have received all required documentation.**

(2008 taxes may be required if not already provided through verification process.)

Date of Change

Death of parent or spouse _____ / ____ / ____

Go to Step 3

Separation or Divorce _____ / ____ / ____

Go to Step 3

Loss of job _____ / ____ / ____

Required: Last paystub for job lost (& paystub for additional jobs held, if any) & Determination of Benefits Rights letter for unemployment benefits (& 2008 taxes if not already provided)

Decrease in work hours of current position _____ / ____ / ____

Required: Last paystub of previous hours & first paystub of current hours (& 2008 taxes if not already provided)

Change of job resulting in reduction of income _____ / ____ / ____

Required: Last paycheck of job before reduction and current paycheck (& 2008 taxes if not already provided)

Loss of unemployment benefits _____ / ____ / ____

Required: Paystub(s) before and after unemployment & Determination of Benefits Rights letter for unemployment benefits (& 2008 taxes if not already provided)

Loss of child support _____ / ____ / ____

Required: Signed statement listing monthly support and when it stopped

Loss of other untaxable income (workman's compensation, etc.) _____ / ____ / ____

Required: Letter from agency indicating amounts and ending date

Medical/dental expenses not covered by insurance exceeding 11% of Income _____ / ____ / ____

Protection Allowance (minimum \$1742 for dependent students, \$770 independent students with no dependent children, \$1949 independent students with dependent children)

Required: Copies of IRS Schedule A or receipts of payment

Significant change in student's/parent's income not listed above _____ / ____ / ____

Required: Letter detailing circumstance (& any supporting documentation)

STEP 3: SEPARATION, DIVORCE OR DEATH

If you or your parents have incurred a separation, divorce or death **after** filing your 2009-2010 FAFSA, please complete the following:

Number in Household in 2009-2010: _____ * Number in College in 2009-2010: _____ *

*Include persons for whom you/your custodial parent will provide more than half support for between July 1, 2009, and June 30, 2010, and persons who will attend college at least half-time (6 credit hours). For number in college, exclude parents.

STEP 4: ESTIMATED 2009 INCOME/BENEFITS

Using the chart below, enter the total yearly income that _____you, _____your spouse, _____your parent(s) expect to receive from January 1, 2009 through December 31, 2009. Complete ONLY for person whose income has changed. Use ONLY custodial parent in cases of divorce, separation and death. Use only YOUR income information if you are divorced, separated or widowed. If answer to item is none, write -0-.

	STUDENT/SPOUSE	PARENTS
Wages, salaries and tips - 01/01/09 to today	\$ _____ (student)	\$ _____ (father)
- today to 12/31/09	\$ _____ (student)	\$ _____ (father)
Wages, salaries and tips - 01/01/09 to today	\$ _____ (spouse)	\$ _____ (mother)
- today to 12/31/09	\$ _____ (spouse)	\$ _____ (mother)
Other taxable income (interest, dividends, alimony, net business/farm income, capital gains, pensions, annuities, etc.)	\$ _____	\$ _____
Other untaxed income & benefits (untaxed interest, untaxed & taxed deferred pensions, workman's compensation, IRA/Keough payments, etc.)	\$ _____	\$ _____
Child support paid (do not include for children claimed as part of household)	\$ _____	\$ _____

Will you receive any of the following benefits during 2009? ___ Yes ___ No
 (If yes, **please provide documentation and complete the following.**)

___ 2009 estimated unemployment benefits \$ _____
 ___ 2009 estimated worker's compensation \$ _____
 ___ 2009 estimated child support **received** (for all family members) \$ _____

Other Comments: _____

STEP 5: CERTIFICATION STATEMENT/SIGNATURES

I/We certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student _____ Date _____ Spouse _____ Date _____

Parent's signature is required only if parent's information was provided above.

Father _____ Date _____ Mother _____ Date _____

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This appeal will be reviewed by the Student Financial Aid Office. You will be notified in writing of the decision within 4 weeks of submitting this appeal. **Required documentation must be attached to this appeal.** Return completed form with attached documentation to the Student Financial Aid Office.

Mail: Student Financial Aid Office
 Special Circumstance Appeals
 University of Cincinnati
 PO Box 210125
 Cincinnati, OH 45221-0125

Phone: (513) 556-1000
 Fax: (513) 556-9171
 Location: One Stop Student Service Center
 220 University Pavilion, Uptown Campus
 Email: financeaid@uc.edu