

2019-2020 Special Circumstances Appeal Form

Families who are requesting an additional review of their 2019-2020 FAFSA due to special circumstances should complete this form. Special circumstances may include a job loss, significant decrease in income, death of a parent or spouse, or other circumstances detailed in Section I. It is important that you provide as much detail as possible on page 2 (using an additional page if necessary).

Student's name _____
(Please Print) Last First Middle Berea College ID #

Date of Birth _____

Parent email address (if Dependent) _____ May we contact you by email? _____

Permanent Address _____
Street Address City/State/ Zip

Day time phone numbers Student _____ Parent _____

Section I. REASONS FOR THE APPEAL

Please complete all areas that apply, explain your situation in detail, and attach supporting documentation.

_____ **Unemployment or Loss of Income** (Provide letter from employer, an accounting of unemployment benefits, copy of last check stub, and/or statement from appropriate agency.)

Effective date: _____ (Provide details on page 2.)

_____ **Unusual out-of-pocket medical or dental expenses, not covered by insurance** (Provide receipts of payments.)

Amount paid in 2018: _____ Amount paid in 2019: _____

Will you itemize these expenses on your federal tax return? _____ YES _____ NO

If yes, how much and for which tax year 2018 or 2019? _____

_____ **Changes in family assets:** Source of loss _____
(i.e. Provide accountant or investment broker's statements confirming asset liquidation.)

Effective date: _____ (Provide details on page 2.)

_____ **Divorce/Separation of a parent or from a spouse since 2017:** Effective Date of separation/divorce: _____
(Provide copies of legal documents for separation or divorce.)

Name of custodial parent (dependent students): _____

_____ **Death of parent or spouse in 2017:** Date of death: _____

Section III.

Expected 2019 Income

Please complete the appropriate section(s) below. **If the answer is zero or the question does not apply, enter \$0.** Provide your best estimate of the amounts you will receive from all sources of income from January 1, 2019 to December 31, 2019.

| Calendar Year 2019 | All students must complete student section | | Parent / Step-Parent Information Dependent Students Only | Parent(s) Current Marital Status <input type="checkbox"/> Married/Remarried <input type="checkbox"/> Single <input type="checkbox"/> Divorced or Separated <input type="checkbox"/> Widowed |
|--|--|--------|---|---|
| | Student | Spouse | Parent 1 | Parent 2 |
| Income earned from work | \$ | \$ | \$ | \$ |
| Unemployment benefits | \$ | \$ | \$ | \$ |
| Alimony/Support | \$ | \$ | \$ | \$ |
| Business Income | \$ | \$ | \$ | \$ |
| IRA/Keogh Distributions | \$ | \$ | \$ | \$ |
| Unemployment Compensation | \$ | \$ | \$ | \$ |
| Child Support Received | \$ | \$ | \$ | \$ |
| Payments to tax deferred pension/savings plans | \$ | \$ | \$ | \$ |
| Tax exempt interest income | \$ | \$ | \$ | \$ |
| Other taxable income not reported on form | \$ | \$ | \$ | \$ |
| Housing, food, and other living allowances paid to members of military, clergy, others. Don't include value of on-base military housing or value of basic military allowance for housing | \$ | \$ | \$ | \$ |
| Other untaxed income/benefit not reported on form | \$ | \$ | \$ | \$ |

| Current Asset Information | | |
|--|-------------------------------------|----|
| Student/Spouse - All students must complete this section | Parent(s) - Dependent students only | |
| Total in cash/savings/checking accounts | \$ | \$ |
| Current net worth of investments (Investments include real estate, trust funds, money market funds, etc.) Don't include family home you live in. | \$ | \$ |
| Current net worth of investment farm (Investment farm value minus investment farm debt) Don't include family farm you live on. | \$ | \$ |
| Current net worth of business (Business value minus business debt) Don't include family business with 100 or fewer full time employees. | \$ | \$ |

Section IV:

SIGNATURE(S)

- Required -

I hereby affirm that all information reported on this form and any attachments hereto is true, complete, and accurate to the best of my (our) knowledge. I understand that if I (we) receive federal student aid based on false or misleading information, I (we) will have to pay it back; I (we) may also be sent to prison, have to pay fines/fees or both.

Student _____ Date _____

Parent _____ Date _____

Spouse _____ Date _____

Parent _____ Date _____

Please be sure all selections are completed and provide signatures before submitting.

- ❖ You must attach supporting documentation such as: current paystubs, unemployment benefits statement, social security benefits statement or pay documentation, etc.

Tips on checking or completion: put a check beside each that apply to you and make sure that documents are enclosed with form.

- Student Signed
- Parent or spouse signed
- Current or final student pay stub (required if worked)
- Current or final pay stub of mother and father/ or spouse if married student (for each who works or worked in 2019)
- A completed 2018 Federal Tax Return
- Unemployment benefits (if a member of household receives or received in 2018 and 2019)
- One time income received in 2017 but will never receive again (provide source and document amount)
- Receipts of medical bills paid by family not reimbursed by insurance
- Documentation authenticating the special circumstance (e.g. letter of job termination, death certificate)

Return form to:

Berea College
Student Financial Aid Services
CPO 2172, Berea, KY 40404
Phone (859) 985-3310 Fax (859) 985-3914