



If your family experiences a significant income loss that causes a substantial change in your financial status and would like to pursue an appeal, this checklist will assist you in determining what documentation is needed to submit.

Review below each circumstance which may be impacting your family and submit copies of all supporting documentation to the Office of Financial. All special circumstances are required to additionally submit a: [Dependent or Independent Verification Worksheet](#) and **Signed 2018 Federal Income Tax Return or 2018 Tax Return Transcript**

Note: If you filed your 2020-2021 FAFSA and received an EFC = Zero (0), you already receive the maximum amount possible in federal aid. Submitting this appeal will not result in a change of your financial aid offer.

Special Circumstance Appeal	Cause for Substantial Change	Required Documentation
Loss of Employment	Your family's earned income for 2018 will be less than that earned in 2020.	<input type="checkbox"/> 2020-2021 Income/Benefit Change Form <input type="checkbox"/> Signed Appeal Letter detailing circumstances. <input type="checkbox"/> Termination notice from employer. <input type="checkbox"/> Last pay stub showing year-to-date earnings. <input type="checkbox"/> Unemployment benefit notice. <input type="checkbox"/> Documentation to substantiate loss of funds.
Loss of Income or Benefits	Your family received benefits in 2018 which have ceased or been reduced in 2020. <i>e.g. Worker's Compensation, Alimony, Child Support or Retirement/Pension</i>	<input type="checkbox"/> 2020-2021 Income/Benefit Change Form <input type="checkbox"/> Signed Appeal Letter detailing circumstances. <input type="checkbox"/> Documentation to substantiate loss of funds.
Change in Family Structure	Divorce, Separation or Loss of a Parent or Spouse after filing the FAFSA.	<input type="checkbox"/> 2020-2021 Dependent/Independent Change in Family Structure Form <input type="checkbox"/> Signed Appeal Letter detailing circumstances. <input type="checkbox"/> Divorce decree/Legal separation agreement <input type="checkbox"/> Proof of separate residences <input type="checkbox"/> Copy of death certificate (if applicable) <input type="checkbox"/> Copy of 2018 W-2
Medical Expenses Not Covered by Insurance	Medical expenses paid in 2018 by your family exceeding 7.5% of the total household income earned in 2018. <u>Medical expenses not reimbursed by insurance that exceeded 7.5% of the total household income earned in 2018.</u>	<input type="checkbox"/> 2020-2021 Medical Expenses Form <input type="checkbox"/> Signed Appeal Letter detailing circumstances. <input type="checkbox"/> Provide a summary of medical providers showing the name of the patient, date(s) of treatment, charges and patient payments. <input type="checkbox"/> Provide documentation regarding the medical condition, treatment and cost for expenses not covered by insurance.

Failure to provide all requested information will delay the appeal review. The financial aid committee may request additional documentation, as needed to complete the appeal review.