



Financial Aid & Scholarships Office

2016-2017 SPECIAL CIRCUMSTANCES APPEAL

STUDENT NAME: _____

STUDENT ID NUMBER: _____ PHONE NUMBER: _____

CURRENT ADDRESS: _____

Please use this form to document changes that have occurred in your or your family's financial situation for the current academic year. This form allows for a review of circumstances that were not considered when you completed the Free Application for Federal Student Aid (FAFSA). If your appeal is approved, the data that you provide on this form will be used in reevaluating your eligibility for federal financial aid.

~In some circumstances, this appeal may contain information related to sexual harassment, sexual misconduct, and other forms of sex discrimination. According to the University of Missouri System Policy, any incident of sexual harassment of any kind, including sexual assault, committed against students must be reported to the University Title IX Coordinator, so any documentation you provide may be submitted to their office.

APPEALS WILL ONLY BE PROCESSED WITH THE APPROPRIATE DOCUMENTATION ATTACHED

PLEASE READ CAREFULLY - CHECK ALL THAT APPLY

If you were considered an "Independent" student when you completed the FAFSA, you and/or your spouse must meet at least one of the following special circumstances.

If you were considered a "Dependent" student when you completed the FAFSA, you and/or your parents must meet at least one of the following special circumstances.

Place a checkmark next to the appropriate situation(s) listed below, then complete the corresponding required sections and attach all necessary documentation.

- Separation/Divorce/Death** The situation must have occurred after the FAFSA was filed. Complete Sections 1, 6, and 7.
- Reduction of Income** Expected income has changed due to unemployment, reduced wages, or a change in untaxed income and benefits. Please complete Sections 2, 6, and 7. *Adjustments will usually not be made for the dependent student who has experienced a loss in his or her income.*
- Unusual Medical and Dental Expenses** Unusual medical and/or dental expenses incurred that are not covered by insurance and are in excess of 7.5% of the reported Adjusted Gross Income for 2015. Complete Sections 3 and 7.
- Elementary or Secondary School Tuition** Elementary or secondary school tuition paid for dependent children. Complete Sections 4 and 7.
- Child Care Expense** Childcare paid for dependent children. Complete Sections 4 and 7.
- Repairs to Student's Vehicle** Repairs to student's vehicle made during the fall, spring, and/or summer semesters. Complete Sections 4 and 7.
- Required Books and/or Supplies** Books and supplies exceeding the standard allowance. Complete Sections 4 and 7.
- Personal Computer Purchase** Computer purchase for educational use. The cost of the PC (including printer and software) cannot exceed \$1,500 unless the student's academic unit sends documentation supporting the student's need for equipment that warrants additional costs. Complete Sections 4 and 7.
This addition can only occur once per degree program.
- Dependency Exceptions** You are required to provide parent(s)' financial information on the FAFSA and extenuating circumstances prevent you from being able to obtain the data. Complete Sections 5 and 7.

5100 Rockhill Road 101 AC
Kansas City, MO 64110-2499

Phone: 816-235-1154
Fax: 816-235-5511

E-Mail: finaid@umkc.edu
Toll Free: 1-800-775-UMKC

Those with speech or hearing impairments may use Relay Missouri, 1-800-735-2966 (TT) or 1-800-735-2466 (Voice)

SECTION 1 - Separation/Divorce/Death**Complete either Section 1A or Section 1B by checking the appropriate response and completing the requested information.**

- 1A. Who is divorced or separated? PARENT STUDENT Date of divorce or separation: _____
- Is child support being received? YES NO
- If yes, how much is received per month? \$ _____ Date that child support will end: _____
- Is spousal support and/or alimony being received? YES NO
- If yes, how much is received per month? \$ _____

Provide a personal letter describing your situation, a copy of your divorce decree (if divorced), and complete Sections 6 and 7.

- 1B. Who is deceased? PARENT STUDENT'S SPOUSE Date Deceased: _____

Provide a personal letter describing your situation, attach a copy of death certificate, and complete Sections 6 and 7.**SECTION 2 - Reduction of Income****Answer the following questions by checking the appropriate response. Be sure to attach any required documentation.**

NOTE: Once this appeal has been reviewed, additional documentation may be required.

1. Who has experienced a reduction in income? PARENT STUDENT SPOUSE
2. What is the reason(s) for the reduction in income? UNEMPLOYMENT REDUCED WAGES OTHER

Complete either A, B, C, or D.

- A. If you checked "**PARENT**" in question 1 and "**UNEMPLOYMENT**" or "**REDUCED WAGES**" in question 2:
- Did the parent work in 2015 but lost his/her job or experienced reduced wages prior to August 2016? YES NO
- If you checked "**NO**", an adjustment cannot be made. Do not complete the remainder of this form.
- If you checked "**YES**", provide the following documentation and complete the sections required below:
- Personal letter, signed and dated by parent, describing the situation;
 - Verification from parent's employer (**on letter head**) confirming that parent(s) worked in 2015 but lost their job or experienced reduced wages in 2016;
 - Copy of parent's last pay stub listing YTD gross income and/or unemployment benefits letter;
 - Copy of parent(s)' 1040 or 1040a **Federal Tax Transcript from IRS.**
 - Complete Sections 6 and 7, then submit this form and all required documentation to the UMKC Financial Aid and Scholarships Office.

- B. If you checked "**STUDENT**" in question 1 and "**UNEMPLOYMENT**" or "**REDUCED WAGES**" in question 2:
- Did you work full time for at least 30 weeks in 2015 but lost your job or experienced reduced wages prior to August 2016?
 YES NO
- If you checked "**NO**", an adjustment cannot be made. Do not complete the remainder of this form.
- If you checked "**YES**", provide the following documentation and complete the sections required below:
- Personal letter describing the situation;
 - Verification from student's employer (**on letter head**) confirming that student worked full time for at least 30 weeks in 2015 and date of termination;
 - Copy of student's last pay stub listing YTD gross income and/or unemployment benefits letter;
 - Copy of student's 1040, 1040a or 1040ez **Federal Tax Transcript from IRS.**
 - Complete Sections 6 and 7, then submit this form and all required documentation to the UMKC Financial Aid and Scholarships Office.

SECTION 2 - Reduction of Income (Continued)

C. If you checked “**SPOUSE**” in question 1 and “**UNEMPLOYMENT**” or “**REDUCED WAGES**” in question 2:

Did your spouse work in 2015 but has lost this source of income in 2016? YES NO

If you checked “**NO**”, an adjustment cannot be made. Do not complete the remainder of this form.

If you checked “**YES**”, provide the following documentation and complete the Sections required below:

- Personal letter, signed and dated by spouse, describing the situation;
- Verification from spouse’s employer (**on letter head**) confirming that she/he worked in 2015 but lost his/her job or experienced reduced wages in 2016 and date of termination;
- Copy of spouse’s last pay stub listing YTD gross income and/or unemployment benefits letter;
- Copy of spouse’s 1040, 1040a or 1040ez **Federal Tax Transcript from IRS.**
- Complete Sections 6 and 7, then submit this form and all required documentation to the UMKC Financial Aid and Scholarships Office.

D. If you checked “**PARENT**”, “**STUDENT**” or “**SPOUSE**” in question 1 and “**OTHER**” in question 2:

- Provide a personal letter, signed and dated by appropriate individuals, describing the situation;
- Submit supporting documentation from parent(s), student, spouse or other listed in section 2 (a, b, or c);
- Complete Sections 6 and 7, then submit this form and any supporting documentation to the UMKC Financial Aid and Scholarships Office.

An example would be untaxed income or benefits received in 2015 that has been reduced or lost in 2016. The documentation would include court documents or statements from appropriate agency(s) verifying that the untaxed income or benefit was received in 2015 but lost or reduced in 2016.

SECTION 3 - Unusual Medical and Dental Expenses

Please provide the following documentation:

- Personal letter, signed and dated by appropriate individuals, describing the situation and listing expenses paid;
- *Explanation of Benefits* form from your insurance co., or, if student/spouse or parent(s) do not have insurance, the appropriate party must provide copies of paid billing statements for medical/dental expenses;
- If the person in question will incur additional medical/dental expenses in 2016, they must provide a statement from their health care provider which specifically states what the projected medical/dental expenses will be through the end of 2016.

Medical expenses that have already been itemized on your 2015 tax transcript will not be considered when calculating additional medical expenses.

| | | |
|------------------|---------------------------------------|----------------------|
| SECTION 4 | - Elementary/Secondary School Tuition | - Child Care Expense |
| | - Repairs to Student’s Vehicle | - Computer Purchase |
| | - Required Books and/or Supplies | - Other |

Please provide the following documentation:

- Personal letter, signed and dated by appropriate individuals, describing the situation and listing expenses paid;
- Supporting documentation as indicated below.

| | |
|---|--|
| Elementary/Secondary School Tuition | The student and spouse (if applicable), or parent(s) of dependent children, must submit (on letter head) documentation from the elementary or secondary school stating tuition paid minus any scholarship(s) awarded for tuition for 2016-2017 aid year. |
| Repairs to Student’s Vehicle | The student must submit paid receipts for repairs performed between 8/20/16 and 7/30/17. Estimated receipts will not be considered. Repairs performed must be for the student’s vehicle and cannot include oil changes, tires or the purchase of a new or used vehicle. |
| Child Care Expense | The student must submit documentation from the third-party child care provider indicating monthly child care costs for each child. |
| Required Books and/or Supplies | The expenses must be required of every student in the class. The student must submit paid receipts before an adjustment will be made. |
| Personal Computer Purchase *Read PC Policy on our website | The student must provide a paid store receipt documenting the actual cost of the PC. If a student needs the funds prior to purchasing the PC, the student must provide a spec sheet for the cost of the PC and submit a paid receipt after purchase. |
| Other | Provide a written explanation of the expense and appropriate documentation. Additional documentation may be requested by this office. |

SECTION 5 - Dependency Status Exceptions

Provide a written explanation of the situation and provide third-party professional documentation to support the request. Additional documentation may be required by this office.

This office **will not change** a student's dependency status for the reasons listed below:

- The parents are unwilling to provide the financial data required on the Free Application for Federal Student Aid.
- The student provides all of his or her financial support and/or no longer lives with parents.

SECTION 6 - Estimated 2016 Income

Estimate to the best of your ability the income from the following sources that you will receive during 2016 (January 1, 2016 to December 31, 2016). **Complete every item.** If you do not have income from a particular source, write N/A. **income.**

If you are a dependent student, include both of your parent's (if applicable) **expected 2016 income.**

Include the most recent 2016 wage statement(s) from each individual, indicating the year-to-date totals.

| | | STUDENT | SPOUSE | MOTHER | FATHER |
|-----------------------------|--|---------|--------|--------|--------|
| TAXABLE INCOME | This would include wages, business and/or farm income | | | | |
| OTHER TAXABLE INCOME | This would include alimony, capital gains, pensions, annuities, etc. | | | | |
| NON-TAXABLE INCOME | This would include child support | | | | |
| OTHER NON-TAX INCOME | Indicate what this includes: _____ | | | | |

SECTION 7 - Certification Statement

Read the statement below and include the appropriate signatures. (Only one parental signature is required for dependent students. A parent signature is not required for independent students; however, if the adjustment involves a spouse, the spouse's signature is required in addition to the student's signature.)

All of the information provided for this appeal is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide additional documentation supporting the information that I have provided on this form. I realize that if I do not provide all additional documentation requested, this appeal will not be considered.

| | | | |
|------------------------------|---------------|-----------------------------|---------------|
| _____ Student's signature | _____ Date | _____ Spouse's signature | _____ Date |
|------------------------------|---------------|-----------------------------|---------------|

| | | | |
|-----------------------------|---------------|-----------------------------|---------------|
| _____ Mother's signature | _____ Date | _____ Father's signature | _____ Date |
|-----------------------------|---------------|-----------------------------|---------------|

OFFICE USE ONLY: Approved Denied Approver's Initials _____ Date _____

Comments: _____

| | | |
|--|--|--|
| 5100 Rockhill Road 101 AC Kansas City, MO 64110-2499 | Phone: 816-235-1154 Fax: 816-235-5511 | E-Mail: finaid@umkc.edu Toll Free: 1-800-775-UMKC |
| Those with speech or hearing impairments may use Relay Missouri, 1-800-735-2966 (TT) or 1-800-735-2466 (Voice) | | |