Financial Aid Office

800 West Main Street Whitewater, WI 53190 www.uww.edu/financialaid p 262-472-1130 f 262-472-5655 uwwfao@uww.edu

2021-2022 Special Circumstances Appeal Form

Purpose: The Financial Aid Department recognizes that you may have extenuating circumstances that affect your financial situation. If you believe the Free Application for Federal Student Aid (FAFSA) does not reflect an accurate financial picture, you may submit this request to have your FAFSA reviewed. The following are examples of extenuating circumstances: layoffs, reduction of income or benefits, unusual medical and dental expenses, supporting other relatives, elementary and secondary school costs, child-care and dependent-care costs.

Requirements:

- You must have submitted the FAFSA for 2021-2022. This can be done online at www.fafsa.gov.
- This completed form. Note that this form and all required documentation must be submitted no later than <u>30 days prior</u> to the end of the enrollment period.
- If you did not utilize the IRS Data Retrieval Tool when completing the FAFSA, include a copy of the student's and parents' 2019 Tax Transcripts (or a **signed** copy of the 2019 Federal Tax Return) and all W-2 forms.
- A completed Verification Worksheet, available at https://www.uww.edu/financialaid/forms
- A typed, dated, and signed narrative detailing the circumstances that is leading to this request. Be specific- provide dates and clearly identify the person to whom the narrative refers.

Upon receipt of all required documentation, appeals will be reviewed by the Financial Aid Office to determine if the circumstances comply with the Department of Education's regulations governing special circumstances appeals. During peak processing times, please allow 4 - 6 weeks for processing.

By signing this form,

Dependent Students:

☐ Student

☐ Parent(s)

- I give permission to the Financial Aid Office to verify any information that I provide on this form. I understand that this verification may include a request for my tax documents.
- I certify that all of the information provided on this form is correct to the best of my knowledge.
- I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all
 or part of my financial aid.
- I understand that reporting a Special Circumstance does not guarantee a recalculation of my EFC and/or an increase in financial aid funding.

Student's Signature:				Date:						
Student's Printed Name:				Student ID:						
Ema	il Address:			Phone Number:						
	se complete the section ted at the top of this for		t applies to you: Each	section will describe the documentation that will be required in addition to what						
Redu	ced Income:									
	1. Change in marital status- including divorce/separation and loss of parent/spouse Required Documentation: Copy of separation order or divorce decree (if no legal document is available, provide proof of separate residence such as lease(s), mortgage(s), utility bill(s), etc.):, copy of death certificate for loss of parent/spouse.									
	Please check one of the following:									
	☐ Separated	☐ Divorced	☐ Widowed	Date marital status changed: MM/DD/YY						
\square 2. Significant change in income between 2019 taxes and 2020 taxes										
	Required Documentation: Signed copies of 2020 taxes and 2020 W-2s.									
	Check the box in front of the party for which income changed between 2019 and 2020 taxes. Independent students: □ Student □ Spouse									



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	stub for all jobs worked in 202	21. (Note that we	will not review pr	ojected 2021 inc	ome requests until	July 2021.)				
	Check the box in front of t	the party for whic	h income change	d between 2019	and 2021.					
	Independent students:	\square Student	☐ Spouse							
	Dependent Students:	☐ Student	☐ Parent(s)							
	Please complete the following	g Anticipated Inco	me Table.							
ANT	TICIPATED INCOME 2021 Ca	lendar Year		FATHER	MOTHER	STUDENT	SPOUSE (if married)			
	ges/salaries, (including seven ments and any other income		ility							
inte	er taxable income (unemplo rest/dividend income, etc.). ched statement	•								
Chile	d support received									
pens	er untaxed income (paymen sion/savings plans, workers e(s) of income on attached s	compensation,								
тот	AL ANTICIPATED INCOME f	or 2021								
	4. Loss of child support Required Documentation:		hat details the ch	ange in child sup	port payments fron	m the state Child Su	pport Agency.			
Addit	ional Expenses:									
	5. Out-of-pocket med Required Documentation: supporting listed expense if medical expense adjusti	Schedule A or ite s not covered by i	mized spreadshe insurance, Health	Savings Account	• •		axes,			
	6. Paying private tuition for dependents Required Documentation: Proof of payments, such as a detailed statement of account.									
	7. Other- Required Documentation: Pleading to this request and su	•	•	_	_	rcumstances that ar	re			