2013-2014 SPECIAL CIRCUMSTANCES APPEAL FORM

Please Note: A change in expected family contribution (EFC) may not result in a change of aid eligibility.

Student’s Name______________________________________ Student ID#______________________
Address_________________________________ Email______________________________________
City________________________ State_____ Zip_____________ Phone (_____)________________

NOTE: BEFORE YOU CAN BE CONSIDERED FOR AN APPEAL, YOU MUST HAVE ALREADY FILED YOUR 2013-2014 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 2013. We reserve the right to delay review, until the end of the calendar year, any appeal where reasonable projections cannot be made.

Graduate/Law student notice: Due to limited need-based aid for graduate students, do not submit before discussing with One Stop.

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.

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
___Decrease in work hours of current position  ___/___/___
   Required: Last paystub of previous hours & first paystub of current hours
___Change of job resulting in reduction of income  ___/___/___
   Required: Last paycheck of job before reduction and current paycheck
___Loss of child support reported on FAFSA  ___/___/___
   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 $1550 for dependent students, $1050 independent students with
   no dependent children, $2203 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 2013-2014 FAFSA, please complete the following:

Number in Household in 2013-2014:_________* Number in College in 2013-2014:_________*
*Include persons for whom you/your custodial parent will provide more than half support for between July 1, 2013, and June 30, 2014, and persons who will attend college at least half-time (6 credit hours). For number in college, exclude parents.
**STEP 4: ESTIMATED 2013 INCOME/BENEFITS**

Using the chart below, enter the total yearly income that _____you, _____your spouse, _____your parent(s) expect to receive from January 1, 2013 through December 31, 2013. 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-.

<table>
<thead>
<tr>
<th></th>
<th>STUDENT/SPOUSE</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries and tips - 01/01/13 to today</td>
<td>$ [student]</td>
<td>$ [father]</td>
</tr>
<tr>
<td>- today to 12/31/13</td>
<td>$ [student]</td>
<td>$ [father]</td>
</tr>
<tr>
<td>Wages, salaries and tips - 01/01/13 to today</td>
<td>$ [spouse]</td>
<td>$ [mother]</td>
</tr>
<tr>
<td>- today to 12/31/13</td>
<td>$ [spouse]</td>
<td>$ [mother]</td>
</tr>
<tr>
<td>Other taxable income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other untaxed income &amp; benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child support paid (do not include for children claimed as part of household)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Will you receive any of the following benefits during 2013?  
___Yes  ___No
(If yes, please provide documentation and complete the following.)

- 2013 estimated unemployment benefits
  $ ________
- 2013 estimated worker’s compensation
  $ ________
- 2013 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  Phone: (513) 556-1000
       Special Circumstance Appeals  Fax: (513) 556-9171
       University of Cincinnati  Location: One Stop Student Service Center
       PO Box 210125  220 University Pavilion, Uptown Campus
       Cincinnati, OH  45221-0125  Email: financeaid@uc.edu