

## 2017-2018 Dependent Special Circumstance Appeal

According to federal laws and regulations, a family's 2015 income is used to assess financial need for the 2017-2018 academic year.

This appeal should be used by dependent students and their parents whose financial situation has changed and 2015 tax information does not accurately reflect the family's current financial condition. This change may be due to loss of job, separation or divorce, disability, death, unusual expenses, or other circumstances.

The Office of Financial Aid & Scholarships may be able to use the 2016 income or projected income to assess financial need. Please provide information regarding your reduction in income by completing this form.

Before a request for special consideration will be reviewed by UMC, the student must complete the FAFSA and using 2015 tax information. After submitting the FAFSA, you may then complete this application for review of your special circumstances.

### Return this completed form to:

Office of Financial Aid & Scholarships  
University of Minnesota Crookston  
4 Hill Hall  
2900 University Ave  
Crookston MN 56716

Ph: 800-862-6466  
Ph: 218-281-8550  
Fax: 218-281-8579  
[umc-fa@umn.edu](mailto:umc-fa@umn.edu)

Student Information			
Name (last, first, middle initial)	Birthdate	Social Security number	Student ID number
Mailing Address (street, apt or PO box number, city, state, ZIP code)			
Campus Email			Telephone number

## **NEEDED DOCUMENTATION**

Depending on the circumstance, additional documentation is needed to support your situation. For the Office of Financial Aid & Scholarships to approve a request for special consideration, documentation must be thorough and complete. It is the student's responsibility to provide all needed documentation to support their special circumstance. Provide any documentation you feel would help support your situation.

<b>Required Documentation for All Appeals</b>	
	A signed letter clearly explaining your special circumstances with documentation appropriate to your situation as described in the sections that follow.
	A copy of your and your parent's 2015 and 2016 IRS Tax Return Transcripts, or <u>signed</u> tax returns. NOTE: You may visit <a href="http://www.irs.gov">www.irs.gov</a> or call 1-800-908-9946 to request federal tax return transcript.
	A copy of your and your parent's 2015 and 2016 W-2 form(s).

### **In addition, submit documentation appropriate to your situation.**

#### Involuntary loss or significant reduction of income and/or benefits

Termination/Severance Letter

Final Earnings Statement from previous employer

Unemployment documentation – letter must state the Maximum Benefits Available – MBA, if applicable

#### Change of Marital Status – Recently married, separated or divorced Copy of Original Marriage Certificate

Provide copy of legal separation/divorce agreement (court-ordered or letter from attorney)

Proof of separate addresses (i.e. utility bills)

Signed copy of lease agreement for parent no longer living at address on file

#### Death of Parent or Spouse

Provide Copy of death certificate

#### Update or Correction of Information submitted on Initial FAFSA

Verification Forms (contact the Office of Financial Aid & Scholarships to determine which forms need to be submitted)

#### One-time income received in 2015/2016 that you will not receive in 2017

Examples of one-time income include: severance pay, alimony, child support, etc.

#### Significant and/or recurring medical, dental or elder care expenses not covered by insurance for family members in your household

Expenses that were not reported on Schedule A of your 2016 Federal Income Tax Return

Copy of billing statements from the medical, dental or elder care provider(s), and proof of payment (e.g., credit card statements, copies of canceled checks, bank account withdrawals, etc.) for expenses paid out of pocket in 2016

Documentation of continuing 2016 expenses not covered by insurance

#### Other

Any special circumstances not mentioned above

List all family members included on your 2017-2018 FAFSA (If you need additional space, you may add more family members in your personal statement).

Name	Birth Date	Relationship to Student	College attended from July 1, 2017 to June 30, 2018
		Self	University of Minnesota Crookston
		Father	
		Mother	
		Sibling	

**2016 Income: REQUIRED for all appeals**

Please provide all actual income sources from January 1, 2016 to December 31, 2016.

Student Information		Parent Information	
2016 Taxable Income		2016 Taxable Income	
Student's earned income	\$ _____ .00	Father/stepfather's earned income	\$ _____ .00
Other taxable income*	\$ _____ .00	Mother/stepmother's earned income	\$ _____ .00
<b>Total taxable student income</b>	<b>\$ _____ .00</b>	Other taxable income*	\$ _____ .00
		<b>Total taxable parent income</b>	<b>\$ _____ .00</b>
2016 Non-Taxable Income		2016 Non-Taxable Income	
Non-taxable income**	\$ _____ .00	Child support received	\$ _____ .00
<b>Total non-taxable student income</b>	<b>\$ _____ .00</b>	Other non-taxable income**	\$ _____ .00
		<b>Total non-taxable parent income</b>	<b>\$ _____ .00</b>

\*including, but not limited to, unemployment compensation, alimony received, distributions from IRA/pension/annuity, business income, gains, etc.

\*\*including, but not limited to, untaxed portions of IRA/pension/annuity disbursements, IRA deductions and payments, tax exempt interest income, etc.

We (I) certify, by signing below, that all of the information reported on this application is true and complete to the best of our knowledge. If asked by a financial aid administrator, **we (I) agree to provide proof of the information we have reported**, including but not limited to signed copies of federal tax returns, W-2 forms, and schedules. We (I) also understand that failure to provide any documentation requested will result in denial of this application.

**Certification**

You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.

Student Signature	Date Signed
Father's Signature	Date Signed
Mother's Signature	Date Signed