



Special Circumstance Appeal – Independent

Academic Year 2020-2021

According to federal laws and regulations, a family’s 2018 income is used to assess financial need for the 2020-2021 school year. This appeal should be used by independent students whose financial situation has changed and 2018 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 2019 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 using 2018 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

Questions?

Ph: 800-862-6466
Ph: 218-281-8550
Fax: 218-281-8579
umc-fa@umn.edu

Student Information			
Full Name	Birthdate	Social Security number	Student ID
Spouse’s full name (if married)			
Current mailing address (street or PO box, city, state, ZIP)			
Campus Email			Contact phone number

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.

Required Documentation for all Appeals
<ul style="list-style-type: none"> A signed letter clearly explaining your special circumstances with documentation appropriate to your situation as described in the following sections. A copy of your (and your spouse’s, if married) 2018 and 2019 IRS Tax Return Transcripts, or <u>signed</u> tax returns. <ul style="list-style-type: none"> NOTE: You may visit www.irs.gov or call 1-800-908-9946 to request a federal tax return transcript. A copy of your (and your spouse’s, if married) 2018 and 2019 W-2 form(s).
In addition, submit documentation appropriate to your situation.
<ul style="list-style-type: none"> <u>Involuntary loss or significant reduction of income and/or benefits</u> - Termination/Severance Letter, Final Earnings Statement from previous employer, unemployment documentation – letter must state the maximum benefits available – MBA, if applicable <u>Change of Marital Status</u> – Recently married, separated, or divorced provide copy of original Marriage Certificate and/or provide copy of legal separation/divorce agreement (court ordered or letter from attorney). Proof of separate addresses (i.e. utility bills) and/or signed copy of lease agreement for parent no longer living at address on file <u>Death of Parent or Spouse</u> - Provide copy of death certificate <u>Update or correction of information submitted on initial FAFSA</u> - Verification Forms (contact Financial Aid office to determine which forms are needed) <u>One-time income received in 2018/2019 that you will not receive in 2020</u> - Examples would include: severance pay, alimony, child support, ect. <u>Significant and/or recurring medical, dental, or elder care expenses not covered by insurance for family members in your household</u>- Expenses that were not reported on Schedule A of your 2019 Federal Income Tax Return. Copy of billing statements from the medical, dental, or elder care provider(s), and proof of payment for expenses paid out of pocket in 2019. Documentation of continuing 2019 expenses not covered by insurance <u>Other</u> - Any special circumstances not mentioned above

List all family members included on your 2020-2021 FAFSA (If you need additional space, you may add more family members in your personal statement).

Name	Birthdate	Relationship to Student	College attended from July 1, 2020 to June 30, 2021
		Self	University of Minnesota Crookston
		Spouse	

2019 Income: REQUIRED for all appeals

Please provide all actual income sources from January 1, 2019 to December 31, 2019.

2019 Taxable Income		2019 Non-Taxable Income	
Student's earned income	\$ _____ .00	Child support received	\$ _____ .00
Spouse's earned income (if applicable)	\$ _____ .00	Other non-taxable income**	\$ _____ .00
Other taxable income*	\$ _____ .00	Total non-taxable income	\$ _____ .00
Total taxable income	\$ _____ .00		

*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
Spouse's Signature (if applicable)	Date