2016-2017 SPECIAL CIRCUMSTANCES APPEAL FORM

A family’s 2015 total income is used in determining eligibility for student financial aid in the 2016-2017 academic year. However, there may be circumstances that could drastically alter a family’s financial picture and hinder the ability to assist with paying educational expenses. In such cases the 2016 income may be utilized to assess financial need. Results from the 2016-2017 Free Application for Federal Student Aid (FAFSA) must be on file with the Nicolet College Financial Aid Office before a Special Circumstances Appeal is considered. You will be required to complete the enclosed verification worksheet and either perform the IRS retrieval tool on your FAFSA or request and attach an IRS Tax Return Transcript as directed on the verification worksheet.

Please note will not make adjustments for the following:

- Car payments or car insurance
- Consumer debt (credit cards)
- Chapter 7 personal bankruptcy
- Medical insurance premiums
- Mortgages, rent, and utility bills
- Home equity, IRA, 403B and 401K, loans
- Parents will not help pay college costs

The Director of Financial Aid or designee will review your Special Circumstances Appeal form and all the requested documentation. Before your appeal is processed, you may receive an initial award notification based on the results of your original FAFSA data.

Beginning October, 2016, we will begin processing Special Circumstances Appeal Forms. You should allow 3-4 weeks for the process to be completed. Please check the appropriate status box below:

☐ You were considered a “dependent” student when you completed the FAFSA.

Parent Information (as indicated on the FAFSA)

Father/Stepfather Name: _____________________________________________
Mother/Stepmother Name: ____________________________________________
Parent’s Phone Number: (______)_____________________________________

☐ You were considered an “independent” student when you completed the FAFSA.
Please check all that apply:

- [ ] Separation/Divorce/Death
  - The situation must have occurred after the FAFSA was filed. A minimum of 3 months is required for a change due to separation and individuals must be living apart.

- [ ] Reduction in Income
  - Expected income has changed due to unemployment, reduction in wages or untaxed income and benefits.

- [ ] Unusual Medical and/or Dental Expenses
  - Unusual medical and/or dental expenses paid in 2015 that are not covered by insurance and in excess of 7.5% of the reported Adjusted Gross Income for 2015.

- [ ] Loss of Benefits
  - Loss of child support, social security or unemployment benefits.

- [ ] One time Income
  - You received a one-time income in 2015 that will not be available to you in the 2016-2017 academic year.

- [ ] Other
  - Explain: ____________________________
  ____________________________

Section 1 – Estimated 2016 Income and Household Information. This section must be completed by all.

**PLEASE INCLUDE ALL HOUSEHOLD INCOME AND INFORMATION**

**Dependent student:** include your and your parents’ (including stepparent, if applicable) expected 2016 income.

**Independent student:** include your (and your spouse’s, if applicable) expected 2016 income.

Estimate to the best of your ability the income from the following sources that you and your household will receive during 2016 (January 1, 2016 to December 31, 2016). Complete each item in the following section. If you do not have income from a particular source, please write zero.

<table>
<thead>
<tr>
<th>Income/Benefits for Jan. 1, 2016 to Dec. 31, 2016</th>
<th>Actual Income Received (Jan. 1, 2016 to today)</th>
<th>Anticipated Income (Today to Dec. 31, 2016)</th>
<th>Total Estimated Income Received for 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected 2016 income earned from work by Step/Father (wages, salaries, tips, net business/farm income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected 2016 income earned from work by Step/Mother (wages, salaries, tips, net business/farm income)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected 2016 income earned from work by Student (wages, salaries, tips, net business/farm income)</td>
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<tr>
<td>Expected 2016 income earned from work by Spouse (wages, salaries, tips, net business/farm income)</td>
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<tr>
<td>Unemployment Compensation received</td>
<td></td>
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<tr>
<td>Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, gambling earnings etc.) Source: ____________________________</td>
<td></td>
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<tr>
<td>Child Support received</td>
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<tr>
<td>Housing or other allowances (clergy, military, etc.)</td>
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</tr>
<tr>
<td>Other untaxed income (earned income credit, worker’s compensation, and payments to IRA/Keogh, etc.) Source: ____________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Estimated Total Income for 2016**
Section 2 – Separation/Divorce/Death – A minimum of 3 months is required for the separation from spouse and individuals must be living apart.

Complete either part 1A or 1B by checking the appropriate response and completing the requested information.

1A. Who is divorced or separated? ☐ PARENT ☐ STUDENT Date of divorce/separation: _____/_____/_____

Is child support being received? ☐ YES ☐ NO Monthly Amount $_______ Beginning Date: ____/____/____

Is spousal support and/or alimony being received? ☐ YES ☐ NO Monthly Amount $_______ Beginning Date: ____/____/____

1B. Who is deceased? ☐ PARENT ☐ STUDENT'S SPOUSE Date deceased: _____/_____/_____

Name: ________________________________________________________________

Section 3 – Reduction in Income. Please check all that apply

Be sure to attach supporting documentation including how much the reduction was and an explanation of the reduction.

Who has experienced a reduction of income? ☐ PARENT ☐ STUDENT ☐ SPOUSE

Section 4 – Loss of Benefits. Please check all that apply.

Attach documentation of loss of benefits and an explanation regarding the loss.

Who has experienced the loss of benefits? ☐ PARENT ☐ STUDENT ☐ SPOUSE

Which type of benefits was lost? ☐ Child Support ☐ Social Security ☐ Unemployment Benefits ☐ Other____________

Monthly Amount of Loss $____________

Section 5 – One Time Income. Please check all that apply.

Attach supporting documentation and an explanation regarding the one time income.

Who received the one time income? ☐ PARENT ☐ STUDENT ☐ SPOUSE

What was the source of the one-time income? ____________________________________________________________.

Amount of income received? $____________ How was it used? ____________________________________________________

The Director of Financial Aid is expected and required to make reasonable decisions that support the intent of the provision. The school is held accountable for all professional judgment decisions made and for fully documenting each decision. The decision of the Director of Financial Aid is final; there is no appeal process to the U.S. Department of Education.

Please note this form does not guarantee that your request will be approved, or that you will be eligible for additional aid. In many cases professional judgment adjustments made to the FAFSA do not result in significant changes to the Expected Family Contribution (EFC) and, therefore, do not change a student’s financial aid package.
Section 6 – REQUIRED DOCUMENTATION

Please provide a detailed written statement regarding your special circumstance. Attach **ALL** documentation that supports your claim (notifications of loss of benefits, divorce decree, court documentation, etc.) Additional documentation may be requested upon review of this appeal form. An incomplete form and lack of documentation will result in processing delays.

Section 7 – Certification Statement

I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I am responsible for notifying the Financial Aid Office of any estimate changes. I also agree to provide additional proof of the information given if requested by the Financial Aid Office. **I understand that if the information is incomplete or lacks the required documentation, no action will be taken.** NOTE: Once this appeal has been reviewed, additional documentation may be required.

__________________________________________________________________________  __/____/____  ______________________________  __/____/____  
Student Signature  Date  Spouse’s Signature  Date

__________________________________________________________________________  __/____/____  ______________________________  __/____/____  
Mother’s Signature  Date  Father’s Signature  Date

**Please keep a copy for your records.**

**OFFICIAL USE ONLY:**

☐ Approved  ☐ Denied  Administrator: __________________________  Date: __/____/____

Prior year special circumstance:  ☐ YES  ☐ NO  Old EFC: _________  New EFC: _________