



# Special Circumstances Appeal 2019-2020

Name		Social Security Number	Student ID Number
Address		Phone	Alternate Phone Number
City	Zip Code	E-mail address	

**Application Deadlines:** Fall Term - October 28, 2019 \* Spring Term - March 30, 2020 \* Summer Term - June 29, 2020

A family's 2017 total income is used to determine eligibility for a student's financial need on the 2019-2020 FAFSA. However there may be circumstances that could drastically change a family's financial situation. In such cases, we may use your family's 2018 income or expected 2019 income to determine your Pell Grant eligibility calculation. **INCOME MUST HAVE DECREASED BY 10% TO COMPLETE THIS APPEAL.**

We must have the results of your 2019-2020 Free Application for Federal Student Aid (FAFSA) on file in order to review this form. This can be filed online at <http://www.fafsa.gov>. If your FAFSA is selected for federal verification, you **must** complete that process **before** your special circumstance appeal form can be reviewed.

**Name** of person whom financial benefits were lost: \_\_\_\_\_

Relationship to the student:  SELF  SPOUSE  PARENT 1  PARENT 2

**Step 1: CHECK REASON FOR APPEAL AND ATTACH ALL REQUIRED DOCUMENTATION LISTED:**

**INVOLUNTARY LOSS OF EMPLOYMENT/CHANGE OF EMPLOYMENT FOR MORE THAN 10 CONSECUTIVE WEEKS:**

Loss of income/benefits took effect in the 2018 tax year **or**  Loss of income/benefits took/will take effect in the 2019 tax year

- Letter from previous employer listing starting and ending dates of employment/reason for loss of job or change in job status
- Copy of final pay stub or earnings statement showing year to date income earned
- Copy of most recent four pay stubs
- Copy of Unemployment Benefits statement, the *'UI Maximum Benefit'* letter showing the amount of benefits approved
- Copy of 2017 Tax Transcript and all 2017 W-2 forms
- Copy of 2018 Tax Transcript and all 2018 W-2 forms
- Dependent or Independent Verification Worksheet

**SEPARATION OR DIVORCE OF PARENTS OR SPOUSE (all documentation must be notarized):**

- Copy of the separation agreement, or divorce decree/settlement.
  - If no formal agreement exists, provide 2 pieces of documentation (from the list below) from each person to prove separate households
    - Separate leases
    - Utility bills from both individuals with different mailing addresses
    - Rent receipts
    - Valid picture ID/Driver's License from both individuals with different mailing addresses
    - Mortgage statements
- A typed & signed statement from **each** individual explaining the current living situation
- Copy of 2017 Tax Transcript and all 2017 W-2 forms
- Copy of 2018 Tax Transcript and all 2018 W-2 forms
- Dependent or Independent Verification Worksheet

**DEATH OF PARENT OR SPOUSE:**

- Death Certificate, obituary, or other proof of death
- Copy of 2017 IRS Tax Transcript and all 2017 W-2 forms
- Copy of 2018 Tax Transcript and all 2018 W-2 forms
- Benefits to be received in 2017 (e.g. insurance benefits and/or "lump" sums)
- Dependent or Independent Verification Worksheet

**ANY OTHER SITUATION YOU FEEL WARRANTS BEING CONSIDERED FOR SPECIAL CIRCUMSTANCES:**

- Description of other special circumstances with supporting documentation.
  - Examples may include **one-time** income received, medical or dental expenses **paid** (not amounts due) which were not covered by insurance, involuntary reduction of income and/or benefits (e.g. work hours reduced by employer), and unusually high child care expenses (e.g. special education needs). PLEASE SUBMIT ALL DOCUMENTATION THAT SUPPORTS YOUR CASE.

Amount paid/received during the 2017 tax year \$\_\_\_\_\_.00 **or**  Amount paid/received during the 2018 tax year \$\_\_\_\_\_.00

**NOTE:** \*\* Students requesting this consideration ***after*** January 1, 2020 may be required to submit their 2019 Federal Tax Return **before** a Special Circumstance Appeal will be considered.

**Step 2:** Provide a statement written by you (the student) with a detailed description of the extenuating circumstance which you feel should warrant a re-evaluation of your FAFSA information (attach a separate sheet if more room is needed). A parent may submit a secondary statement with additional details, if desired.

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Your appeal will be evaluated by the financial aid staff within a timely manner based on the volume received.  
**Please allow up to two (2) weeks for review.**

**SIGNATURE:** My signature certifies that the information given is true, complete and correct. I have read each section and provided the appropriate required documentation. I realize that if I do not provide supporting documentation, no further action will be taken on this request.

Student's Signature

Date

Parent's or Spouse's Signature

Date

**Submit this signed worksheet with requested documents to:  
Financial Aid Office • Room 232B • Morton College • 3801 S. Central Ave., Cicero, IL. 60804**

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**FOR FINANCIAL AID OFFICE USE ONLY**

Approved Date: \_\_\_\_\_ Denied Date: \_\_\_\_\_ Pending Date: \_\_\_\_\_

New EFC: \_\_\_\_\_

Decision letter sent: \_\_\_\_\_

Comments: \_\_\_\_\_

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SCA Committee: \_\_\_\_\_ SCA Committee: \_\_\_\_\_