



SPECIAL CIRCUMSTANCES APPEAL FORM (1920)

Student Name: _____

Student ID# _____

This form may be used to report permanent income or employment changes, unusual expenses, divorce or other unplanned changes in circumstances that will impact total household income for the 2019 calendar year. Typically, a 20% or more reduction in total family income may cause a change in eligibility. Submission of this appeal does not guarantee a favorable change in aid eligibility.

You (your parents, if dependent) must provide all required/requested documentation. For appeals submitted during or after November/December 2019, the 2019 Federal Tax Return and 2019 W-2 forms are also required. The following situations will not be considered: high consumer debt, home mortgage expenses, car payments/expenses, and dependent student income reductions.

REQUIRED DOCUMENTATION by circumstance:	
Reason(s) for Appeal: Select all that apply	SUBMIT:
<input type="checkbox"/> Marital Separation or Divorce	<ul style="list-style-type: none"> ● Copy of 2017 Fed tax return and W2s ● Legal documentation; copy of divorce decree, divorce complaint or separation papers ● Documentation of child support expected for all children ● Copy of most recent paystub(s) for 2019
<input type="checkbox"/> Death of a parent or spouse	<ul style="list-style-type: none"> ● Copy of 2017 Fed tax return and W2s ● Copy of the death certificate or obituary notice ● Copy of student's birth certificate (for death of a parent)
<input type="checkbox"/> Decrease in wage or salary of at least 20% - May be submitted beginning May 1 st , 2019	<ul style="list-style-type: none"> ● Copy of 2017 Fed tax return and W2s ● Letter from employer on company letterhead indicating date of reduction in wage/salary or work hours ● Copy of last pay stubs from previous employer(s) ● Copy of most recent paystub(s) for 2019 ● Written explanation detailing why the change in income happened
<input type="checkbox"/> Loss of employment due to layoff or involuntary termination – May be submitted beginning May 1, 2019	<ul style="list-style-type: none"> ● Copy of 2017 Fed tax return and all W2s ● Documentation from Employer (on company letterhead) including last date of employment ● Copy of last pay stubs from previous employer(s) ● Copy of most recent paystub(s) for 2019 ● Copy of Unemployment Benefit Determination showing \$ amount, start date and # weeks remaining or statement of ineligibility (www.michigan.gov/uia) ● Written explanation detailing why the change in income happened
<input type="checkbox"/> Loss of benefits (received in 2017, terminated in 2018/2019 – may include child support, workman's compensation, unemployment, etc.)	<ul style="list-style-type: none"> ● Copy of 2017 Fed tax return and W2s ● Documentation of termination of benefits ● Copy of most recent paystub(s) for 2019 ● Written explanation detailing why the change in income happened
<input type="checkbox"/> Excessive un-reimbursed medical expenses PAID in 2017.	<ul style="list-style-type: none"> ● Copy of 2017 Fed tax return (including schedule A-itemized deductions) ● Documentation of paid out-of-pocket expenses ● Documentation must clearly show insurance coverage amount and the date/amount you paid

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SPECIAL CIRCUMSTANCES APPEAL FORM (1920) – PG 2

<u>ESTIMATE OF 2019 INCOME</u>	<u>Actual 2019</u> <u>income:</u> 1/1/19 to TODAY)	<u>Estimated</u> <u>2019 income:</u> (Today to 12/31/19)	<u>Total Income</u> (actual plus estimated)
Employment income (student) – include most recent paystub(s)			
Employment income (spouse, if married)			
Employment income (Parent 1 – Dependent Students only) – include most recent paystub(s)			
Employment income (Parent 2 – Dependent Students only) – include most recent paystub(s)			
Unemployment compensation			
Alimony, Pension/Retirement, Dividends/Interest, Annuities			
Workman's Compensation			
Social Security Income for all family members			
Disability benefits/life insurance proceeds/insurance settlement proceeds			
Child Support received for all children			
Welfare/TANF/WIC/Subsidized Housing			

Certification: All of the information on this form is true and complete to the best of my knowledge. I understand I/we may be asked for additional documentation. I realize that if I/we do not provide the required documentation when requested, the student may be denied aid.

Student Signature _____/_____/_____
Date Signed

Parent Signature (Dependent Students only) _____/_____/_____
Date Signed

Return Completed Form and supporting documentation to:
Kirtland Student Financial Services, 4800 West Four Mile Road, Grayling, MI 49738
 (989)275-5000 ext. 257 Fax: (989)275-6789

Do not mail this worksheet to the U.S. Department of Education

Financial Aid Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Student Financial Services FAO	_____ Date