



2021-2022 SPECIAL / UNUSUAL CIRCUMSTANCE APPEAL FORM

Use this appeal form to request consideration of student and/or parent income changes, medical expenses, or student dependency based on extenuating circumstances related to the 2021-2022 academic year only. Incomplete forms or appeals submitted without personal statement(s) or supporting documentation will NOT be processed and automatically denied. *Please TYPE your responses on this form and sign in INK.*

Student Name _____

Social Security # _____

Required for All Appeals

- PERSONAL STATEMENT: See instructions on page 2.
- SUPPORTING DOCUMENTATION: See the Required and Supporting Documentation Checklist on page 2.

Please complete all fields. Enter "0" for any fields that do not apply.

Reduction in Financial Resources or Income \$ _____
 Unemployment benefits

Who experienced a reduction in income?

Parent/Stepparent 1 Student _____
 Date (month/year – month/year)

Parent/Stepparent 2 Student's Spouse \$ _____
 Severance/Paid Leave

What circumstances led to the reduction?

2020 IRS tax return adjusted gross income (AGI) \$ _____
 Retirement (Pensions) Benefits

2020 Income (W-2 & Self-employment) \$ _____
 Other Income

When did it occur? _____
 Source: _____

Report/Estimate the person(s) **Future expected MONTHLY** income between June 2021 and May 2022 from the sources below.

\$ _____
 Employment

\$ _____
 Social Security Benefits

\$ _____
 Retirement (Pensions) Benefits

\$ _____
 Other Income

Source: _____

Medical Expenses Include medical, dental, prescription and nursing home expenses for household family members paid out of pocket and NOT covered by health insurance or reimbursed by a third party.

Who incurred medical expenses? _____
 Report costs not covered by insurance below (e.g. patient copays and deductibles). Do not include insurance premiums.

What condition(s) prompted the need for medical care?

\$ _____
 Total medical expenses paid in the most recent 12-month period

\$ _____
 Expected future monthly medical expenses

Is the individual still seeking treatment? Yes No
 For large outstanding balances, have you made payment arrangements with your medical care providers? Yes No

If yes, how long is the treatment expected to continue? _____

Dependency Override For each parent (biological or adoptive) check the appropriate unusual circumstance and review page 2 for a list of acceptable required supporting documents.

Parent 1	Parent 2	Circumstance
<input type="checkbox"/>	<input type="checkbox"/>	Parent is Deceased
<input type="checkbox"/>	<input type="checkbox"/>	Parent is Incarcerated
<input type="checkbox"/>	<input type="checkbox"/>	Unusual Parental Circumstance

Review the checklist(s) below to determine what types of acceptable supporting documentation you need to submit with your appeal:

Personal Statement: Required for All Appeals

REQUIRED: Attach a typed & signed personal statement written by you, **the student**, describing your circumstances. If you're a **dependent student**, a parent must also submit a secondary statement with additional relevant details. Include a narrative of events with dates, an explanation of how these events affected your/your family's ability to pay for your education, and an explanation of how the 2019 income data reported on your FAFSA no longer represents your financial situation during the 2021-2022 academic year.

Reduction in Financial Resources or Income

- REQUIRED:** 2019 IRS Tax Transcript (retrieve from www.irs.gov; **1040 can't be accepted**), all 2019 W-2 forms, and all tax schedules and forms
- REQUIRED:** 2020 IRS Tax Transcript (retrieve from www.irs.gov; **1040 can't be accepted**), all 2020 W-2 forms, and all tax schedules and forms
- REQUIRED:** Verification of the circumstances that led to the reduction (e.g. layoff notice, termination letter, retirement status, employment verification letter from previous employer or resignation letter)
- REQUIRED:** Documentation of all sources of income
 1. Employment earnings (last 6 months' paychecks/payroll deposit notices)
 2. Unemployment benefits (Workforce Commission Statement of Wages and Potential Benefit Amounts)
 3. Severance pay/lump sum paid leave
 4. Pension or retirement benefits (1099-R or pension statement)
 5. Other income sources
- If you or your parents were married and filed a joint tax return in 2019, but are now separated/divorced **and** no longer living together:
 6. A copy of your/your parents' 2019 IRS Tax Transcript **with** W-2s (retrieve from www.irs.gov, **1040 can't be accepted**)
 7. A copy of your/your parents' 2020 IRS Tax Transcript **with** W-2s (retrieve from www.irs.gov, **1040 can't be accepted**)
 8. A copy of the divorce decree, temporary orders (divorce filed/not yet final), or other documents establishing the date you and your spouse/ your parent and their spouse ceased living together.

Medical Expenses

Out-of-pocket medical expenses less than \$2,500 per year typically have no effect on financial aid eligibility. Submit documentation of medical expenses incurred during the most recent 12-month period only.

- REQUIRED:** 2019 **and** 2020 IRS Tax Transcript with Schedule A if you/your parent(s) itemized deductions
- REQUIRED:** Receipts showing out-of-pocket payments made for medical bills and insurance claim history/summary
- REQUIRED:** Expected monthly expenses from ongoing treatment: billing statements

Dependency Override

- PARENT IS DECEASED:** A copy of the parent's death certificate.
- PARENT IS INCARCERATED:** Documentation that verifies the parent is incarcerated and lists the parent's anticipated release date.
- UNUSUAL PARENTAL CIRCUMSTANCE:** A written statement from two (2) third-party professionals that knows the student's current situation.

By signing below, I certify that all the information reported is complete and accurate. I understand that if I purposely give false or misleading information I may be fined, sentenced to prison, or both. My signature indicates that I understand that not all circumstances can or will change my eligibility for financial aid and that any professional judgment exercised by a financial aid officer applies only to financial aid eligibility at NAU. Professional judgments cannot be overturned without significant documentation.

Signature _____

(SIGN IN BLUE OR BLACK INK ONLY)

Date _____