



Special Conditions Appeal Form

STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____
FAIRFIELD STUDENT ID: _____ YEAR OF COLLEGE GRADUATION: _____
ACADEMIC YEAR: 20 - ____ 20 - ____ (ex. 2021-2022) PHONE: (____) _____
STUDENT EMAIL: _____

Fall Semester Deadline: AUGUST 1 Spring Semester Deadline: JANUARY 1

If you believe that there are special conditions that were not considered in your financial aid application(s) or, you can now document a significant change in your family's financial circumstances, subsequent to filing your FAFSA and CSS Profile, please complete this Special Conditions Appeal Form. Federal regulations and institutional policies require that special conditions fall within certain parameters and that they are accompanied with supporting documentation in order to recalculate financial need and eligibility. This form is designed to assist you in providing information critical to the review of your special conditions appeal.

The special conditions appeal decision will be based on the circumstances as detailed in this form and on the quality of additional documentation provided. Appeals will not be reviewed until all documentation is received as requested. Appeal awards, if granted, are for *one year only*. Students will be notified, in writing, of the special conditions appeal decision.

*****Submission of an appeal neither guarantees an adjustment to a student's award nor prevents the accrual of late fees on any unpaid student account balances.*****

REASON FOR SPECIAL CONDITIONS APPEAL

- A. **DEATH OF A PARENT OR SPOUSE.** Date: _____. Attach a copy of the death certificate and documentation of any death benefits received.
- B. **LOSS OF WAGES OR EMPLOYMENT.** Date employment ended: _____. Attach documentation: severance and/or unemployment benefits; last pay stub from previous employer; most recent pay stubs for each parent. Involuntary loss of employment must be for a period of equal to or **more than** 12 weeks *before* this form can be submitted.
PLEASE NOTE: Appeals will not be considered for the loss of **overtime earnings**, bonus/commission earnings, or any change or reduction in income with respect to self-employment.
- C. **DIVORCE OR SEPARATION.** Subsequent to filing the Free Application for Federal Student Aid (FAFSA), you/your parent has become divorced or separated. Date of divorce/separation: _____. Attach separate residences from non-custodial parent (copy of utility bills, lease- rental agreement); statement about child support/alimony.
- D. **UNUSUALLY HIGH MEDICAL AND/OR DENTAL EXPENSES.** Amount for 2019 calendar year. You and/or your parent(s) can deduct only the part of your medical and dental expenses that *exceed* 7.5% of your AGI (adjusted gross income). Attach a Copy of Schedule A (Form 1040)- Itemized Deductions.
- E. **LOSS OF UNTAXED INCOME OR BENEFIT.** Date of termination: _____. Attach documentation from the agency providing the benefits.

All Students requesting a Special Conditions Appeal are subject to the verification process. A separate request for verification documents will be sent to the student, once the Office of Financial Aid has reviewed the appeal. These documents may include, but are not limited to: current tax returns and/or official IRS transcripts, W2 Forms, verification worksheets, etc.

Please Note: The verification process, which in some cases may be required prior to processing an appeal, can result in an initial decrease/increase to student's originally estimated aid offer. The appeal process may not restore reduced aid or offer additional aid.

EXPLANATION OF SPECIAL CONDITIONS/CIRCUMSTANCES *(This section must be completed)*

Please complete the personal statement describing the basis for your special conditions appeal request. It will be important to explain and include ALL relevant information related to your change in circumstances (e.g. date such circumstances occurred, best estimates of costs, salary, etc.) and any other information you feel would allow you to fully explain the circumstances. You can mail, fax (203) 254-4008 or email (finaid@fairfield.edu) all documentation to our office. Please provide the student name and ID number on all documents.

PLEASE NOTE: We are *unable* to consider an appeal for circumstances that include, but are not *limited* to: high consumer debt, expenses that have not yet occurred, other discretionary spending, educational expenses for parent, siblings and/or other family members, distributions from pension, IRA, 401k, life insurance, capital gains, etc., expenses for grandparents, relatives, siblings, children, and/or other expenses for non-immediate family members, Lifestyle expenses (pets, cars, vacations, weddings, home repairs, sports, discretionary dental/medical procedures, etc.)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it is resting on a surface.

PROJECTED 2021 INCOME

Complete this section if you are appealing based on a loss of employment or any other income-related change. Attach any documentation you have for your figures (i.e. most recent pay stubs, severance letter, unemployment statement, etc). Complete each line. Enter "0" if no income is expected.

Estimated 2021 Taxable Income**(1/1/21 – 12/31/21)**

1. Father's/stepfather's 2021 work income	\$ _____
2. Mother's stepmother's 2021 work income	\$ _____
3. Severance compensation	\$ _____
4. Unemployment compensation	\$ _____
5. Interest and dividend income	\$ _____
6. Business or real estate income/loss	\$ _____
7. Taxable IRS/pension/annuity distribution	\$ _____
8. Other taxable income (i.e. state tax refunds, alimony Capital gain, taxable social security)	\$ _____
Total Income from above	\$ _____

Estimated 2021 Income**Estimated 2021 Untaxed Income**

Untaxed Social Security Benefits	\$ _____
Child Support received for all children	\$ _____
Untaxed pension distributions	\$ _____
Payments to IRA/401K/other plans	\$ _____
Tax exempt interest income	\$ _____
Cash/gifts paid on your behalf	\$ _____
Worker's Compensation	\$ _____
Other untaxed income (specify below)	\$ _____

CERTIFICATION *(This section must be completed)*

By signing below,

1. We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge.
2. We acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.
3. We recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances.
4. We will make arrangements to pay our bill on time and not wait for the outcome of this appeal.
5. We understand that if any of our projections change, we will immediately notify the Office of Financial Aid.
6. We will provide all required documents as requested, to the Office of Financial Aid, and understand that my appeal will not be processed until all documents are submitted.

STUDENT SIGNATURE: _____**DATE:** _____**PARENT LAST NAME:** _____**FIRST NAME:** _____**PARENT SIGNATURE:** _____**DATE:** _____**EMAIL:** _____**PHONE:** () _____

Please print, sign and submit this form, including all supporting documentation, to the Office of Financial Aid by the stated deadline.

Fairfield University 1073 North Benson Road Fairfield, CT 06824 p (203) 254-4125 f (203) 254-4008 finaid@fairfield.edu