Fairfield University
Office of Financial Aid

Special Conditions Appeal Form

Student First Name _____ **Last Name**_____

Fairfield Student ID _____ **Year of College Graduation** _____

Academic Year 20_____ **- 20** _____ *(ex. 2013-2014)* **Phone** (_____) _____ - _____

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*.

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.

Fall Semester Deadline: JULY 1 ***Spring Semester Deadline: DECEMBER 1***

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

Please attach a *separate letter* that includes additional details 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.

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, housekeepers, vacations, weddings, home repairs, sports, discretionary dental/medical procedures, etc.)

OFFICE USE ONLY: PERSONAL STMT _____ ***SUPPORTING DOCUMENTATION*** _____

SECTION II: REASON(S) FOR SPECIAL CONDITIONS APPEAL

A **DEATH OF PARENT OR SPOUSE:** During the year 20____, a parent (or spouse, for *independent* students) passed away. Please document this with the following information:

- ☐ Copy of death certificate
- ☐ In Section II, please describe any pending or finalized changes in assets (including life insurance benefits received)
- ☐ Provide information about the income change resulting from this event (social security benefits, pension and retirement monies received). If unknown at this time, please indicate so we may follow up with you at a later date.
- ☐ Complete Sections I, III, IV

B **LOSS OF WAGES OR EMPLOYMENT:** Involuntary loss of employment must be for a period of equal to or more than 12 weeks *before* this form can be submitted. Please document this change using the checklist below and refer to Section III for more details on additional documentation that may be requested.

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.

- ☐ Last pay stub from previous position
- ☐ Letter from previous employer, verifying job status/change
- ☐ Most recent pay stubs showing new or changed salary
- ☐ Official statement of unemployment (from state Dept. of Labor, showing beginning and end dates of benefits)
- ☐ Official notification from employer regarding severance benefits received and/or expected
- ☐ If parents are married, the most recent pay stub of other parent is also required
- ☐ Complete Sections I, III, IV

C **DIVORCE OR SEPARATION:** Subsequent to filing the Free Application for Federal Student Aid (FAFSA), you/your parent has become divorced or separated. Document this change with the following information:

- ☐ In Section II, explain when divorce or separation occurred and explain who the child is going to be living with. If joint custody, explain who the child is living with more (*custodial parent*)
- ☐ Please provide copy of divorce decree or separation agreement (if app.)
- ☐ Provide details on how marital assets (including cash, home, other real estate, business, etc.) are being divided between parents/spouses
- ☐ Proof of separate residences from non-custodial parent (copy of utility bills, lease/rental agreement)
- ☐ Provide statement about child support or alimony expected to be paid or received in the current year and to which child/children
- ☐ Complete Sections I, III, IV

D **UNUSUALLY HIGH MEDICAL AND/OR DENTAL EXPENSES:** You and/or your parent(s) can deduct only the part of your medical and dental expenses that exceed 7.5% of the amount on Form 1040, line 38 (adjusted gross income). Document this situation with the information listed below:

- ☐ Copy of Schedule A (Form 1040) – Itemized Deductions
- ☐ Complete Sections I, III and IV

E **LOSS OF UNTAXED INCOME OR BENEFIT -** A member of your family has lost some type of untaxed income or benefits (include social security benefits, child support, etc.). Document the change with the following:

- ☐ Letter from the agency that is ending the benefit or statement from you indicating how much was received in the current year and when the benefit ceased
- ☐ Official statement from agency, indicating benefit expiration
- ☐ Complete Sections II, III, and IV

SECTION III: VERIFICATION

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 a student's originally estimated aid offer. The appeal process may not restore any reduced aid or offer additional aid.

SECTION IV: 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.

Students will be notified, in writing, of the special conditions appeal decision. Please print, sign and submit this form, including all supporting documentation, to the Office of Financial Aid by the stated deadline.

STUDENT SIGNATURE _____ **Date** _____

E-mail _____@_____

PARENT LAST NAME _____ **FIRST NAME** _____

PARENT SIGNATURE _____ **Date** _____

E-mail _____@_____

Cell (_____) _____ - _____ **Home** (_____) _____ - _____