

**2020-2021 SPECIAL CIRCUMSTANCES APPEAL**

Student ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

This form is intended for students requesting a recalculation of financial need based on special or unusual circumstances. Your family's 2018 income (provided on your 2020-2021 FAFSA) has been used to determine your eligibility for federal financial aid. If your family's income in 2019 was significantly lower than it was in 2018 due to special circumstances such as loss of a job, separation/divorce, death, disability, unusual medical expenses, or other circumstances, TVCC may be able to use your 2019 or 2020 family income instead of your 2018 family income to determine your eligibility for financial aid.

**This appeal is only appropriate if ALL of the following are true:**

- Your 2018 Expected Family Contribution (EFC) from your 2020-2021 FAFSA is greater than zero.
- Your 2019 financial information is significantly different than the 2018 financial information you provided on your 2020-2021 FAFSA.
- You are able to document your situation as described on page 2.

***IMPORTANT:***

**Please complete this form and submit it with the required documentation to TVCC Financial Aid. Do not have anyone else complete this form for you. A decision will be based on the information you provide - be sure it is complete, comprehensive, detailed and legible. Incomplete appeals cannot be considered.**

**Required documentation:**

- A written/typed statement describing your circumstances in detail and why you feel an exception should be made.
- Photocopies of your (and your parents' or your spouse's if applicable) 2018 **and** 2019 Federal tax return transcripts from [www.irs.gov](http://www.irs.gov).
- Completed Independent or Dependent Verification Form.
- The required documentation as specified for your situation described on page 2.
- If you are wanting to use your 2020 estimated financial information, please provide your latest paystub (and parent/spouse if applicable) with year-to-date information. Please note: We are unable to use 2020 estimated financial information before July 1, 2020 or after Dec 31, 2020.

**❖ TO BE CONSIDERED FOR REVIEW:**

- Return the required information and documentation to the Financial Aid Office.
- If an exception is approved, your FAFSA will be revised and your financial aid award adjusted accordingly.
- Submission of this application does not ensure a change or increase in your award. You will be notified of the results.

**Please check the items below that apply**

**Loss or Reduction of Benefits**

(Change must have occurred at least 6 months prior to submitting this appeal)

- You  Your spouse  Your parents

*Had employment in 2018, but experienced a loss of job or reduction of income in the calendar year 2019 or 2020. Date(s) change(s) occurred \_\_\_\_\_.*

**Required Documentation:** Termination letter or loss of benefit notification showing employment start dates, end dates, or reduction in hours.

- You  Your spouse  Your parents

*Received unemployment compensation or other income or benefit in 2018, and have lost that income or benefit in the calendar year 2019 or 2020. Date(s) change(s) occurred \_\_\_\_\_.*

**Required Documentation:** Eligibility documentation indicating dates and amounts of benefits including but not limited to unemployment benefits and/or severance pay.

**Separation, Divorce, Death, or Disability**

(Must have occurred at least 8 weeks prior to submitting this appeal)

After filing your FAFSA:

- You  Your parents

- Separated  Divorced. *Date(s) change(s) occurred \_\_\_\_\_.*

**Required Documentation:** Divorce papers indicating the date of marital change, or written statement of separation.

Experienced a loss of family income due to:

- Death OR  Disability of spouse or parent. *Date(s) change(s) occurred \_\_\_\_\_.*

**Required Documentation:** For death or disability, a copy of the death certificate, obituary, or physician's disability determination are required.

**Unusual Debt or Expenses**

- You  Your spouse  Your parents

*Have on-going medical/dental expenses in calendar year 2019 or 2020 that are not covered by insurance.*

**Required Documentation:** Copy of Schedule A from your federal tax forms (if applicable).

- You  Your spouse  Your parents

*Paid excessive medical and/or dental expenses in calendar year 2019 or 2020.*

**Required Documentation:** Copies of bills/EOB's (Explanation of Benefits) and an itemized list with a total of ALL medical and or dental expenses paid out of pocket.

- You  Your spouse  Your parents

*Had excessive unusual expenses in calendar year 2019 or 2020 that were not medical or dental.*

*Indicate type of expenses \_\_\_\_\_.*

**Required Documentation:** Copies of bills/statements documenting other excessive expenses not medical or dental.

**Change in Marital Status**

- After filing your FAFSA, you have gotten married.

**Required Documentation:** Copy of Marriage Certificate.

**Other Unusual Circumstance**

Indicate other circumstance and provide statement and documentation for any circumstance not previously listed.

**2020 ANTICIPATED INCOME AND ASSETS**

Please complete only if you would like us to use 2020 anticipated income rather than 2019 income.

Student is:

- Dependent       Independent
- Married       Single       Divorced/Separated       Widowed

Please enter the amounts you anticipate you will receive in each category  
January 1 through December 31, 2020.

**Do not leave blanks – use zeros where appropriate.**

Anticipated Income for 2019	Student	Parents or Spouse (if applicable)
GROSS wages, salaries, tips (w-2 earnings)	\$	\$
Interest and dividend income	\$	\$
Alimony Received	\$	\$
Business and/or Farm Income	\$	\$
Partnership and/or S-Corporation Income	\$	\$
Capital Gains Income	\$	\$
Pension and Annuities	\$	\$
Rents and Royalties	\$	\$
Unemployment	\$	\$
Other Taxable Income:	\$	\$
Social Security Benefits for ALL Family members	\$	\$
Child support received for all children	\$	\$
Retirement and/or Disability Benefits	\$	\$
Welfare Benefits, including TANF (exclude food stamps)	\$	\$
Untaxed portions of pensions and/or annuities	\$	\$
Living and housing allowances for clergy, military, etc.	\$	\$
Veteran’s non-educational benefits	\$	\$
Deductible IRA/Keogh payments	\$	\$
Other Untaxed Income: Source:	\$	\$
Veterans Benefits \$      x      mo. =	\$	\$
<b>TOTAL ANTICIPATED INCOME =</b>	<b>\$</b>	<b>\$</b>

By signing this form, I certify the information reported is true and accurate. Adobe or signature type fonts will not be accepted. **Please submit all completed forms to the TVCC Financial Aid office by email (PDF format ONLY) to [finaid@tvcc.cc](mailto:finaid@tvcc.cc), fax 541-881-5528 or mail to 650 College Blvd, Ontario, OR 97914. You may also submit forms at the Ontario Student Service Center or the Caldwell Center**

Student’s Signature	Date	Parent Signature (dependent students only)	Date
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