DePaul University
Office of Financial Aid At DePaul Central
2015-2016 Special Circumstance Appeal: Income Changes and Special Expenses

DePaul Central Locations:
DePaul Center, Suite 9100
1 East Jackson Boulevard
Chicago, Illinois 60604
(If you mail this form, please use this address)
Schmitt Academic Center, Suite 101
2320 North Kenmore Avenue
Chicago, Illinois 60614

Telephone (312) 362-8610 Fax (312) 362-5748
This form may be faxed, or mailed, or submitted by using our secure document upload website at https://wdat.is.depaul.edu/FAUpload/default.aspx

Last Name
First Name
Date of Birth
DePaul ID

Select your college:
☐ Grad/Law  ☐ Business  ☐ CDM  ☐ Communication  ☐ Education  ☐ Liberal Arts/Social Sciences  ☐ Music  ☐ Science/Health  ☐ SNL  ☐ Theatre

Select your Status:
☐ First-year freshman  ☐ First-year transfer  ☐ Continuing student

This form should be used for appeals related to changes in your family’s financial circumstances and/or payment of special expenses. Please review each section and complete all sections that apply to your situation. Each section lists the documentation needed to process your appeal. Please submit the necessary documentation with this appeal form. Submission of this special circumstance appeal form does not guarantee an increase in your financial aid eligibility. We will notify you by email upon completion of our review.

Before you read further, please log into your 2015-16 Free Application for Federal Student Aid (FAFSA) to complete the IRS data retrieval process. For instructions, please review the IRS Data Retrieval Instructions on our website. If you are unable to complete the IRS data retrieval, please submit a 2014 tax return transcript, available at www.irs.gov. (We cannot accept 1040 tax returns.)

1. Unemployment/Retirement, Reduction in Hours, Disability

Name of person experiencing loss or change in income:__________________________________________________
Relationship to student:__________________________________________________
Source of lost income:__________________________________________________
Estimated annual amount lost: $_________________________________

☐ Estimated Wages/Salary/Tips: January 2015 – December 2015
$__________________________

☐ Other Estimated Taxable Income: January 2015 – December 2015
Unemployment Benefits: $__________________________
Severance: $__________________________
Other: $__________________________

☐ Untaxed Income: January 2015 – December 2015
Amount of untaxed income: $__________________________
Source of untaxed income: $__________________________

Required documentation for Unemployment or Retirement:
☐ Signed letter from employer on company letterhead verifying separation from employment, including the date of hire and date of separation
☐ If receiving unemployment or retirement benefits, please submit a copy of the benefit statement
☐ If separated from more than one employer, please submit a letter of separation from each employer

Required documentation for Reduction in Hours:
☐ A letter from your employer explaining the projected hours, hourly rate of pay and effective dates

Required documentation for Disability:
☐ Documentation from physician or insurance agency verifying circumstances/extent of disability
2. Loss of Household Income (Divorce, Separation, Loss of Parent/Spouse)

Name of person whose income is being removed from the household: ________________________________________________________

Relationship to student (mother, father, spouse):__________________________________________________________________________

How much did this person earn in 2014? $__________________________________________

Required Documentation:
- For Divorce/Separation: Please submit a copy of divorce decree, or documentation indicating separate residences (e.g. separate leases, bills).
- For Loss of Parent/Spouse: Please submit a copy of death certificate.

3. Loss/Termination of Benefit(s): (For example - Social Security benefits, Supplemental Security Income (SSI), Unemployment Benefits, Child Support, Untaxed retirement or disability benefits, AFDC.)

Name of person losing a benefit: ______________________________            Relationship to student:_____________________________

Name of benefit being lost/terminated: _________________________        Date of benefit termination: ____________________________________

Annual amount of 2014 benefit:  $__________________            Annual amount of 2015  benefit:  $__________________

Required documentation:
- Please submit documentation from issuing agency certifying termination of benefit, including effective date of termination.

4. Loss of One-Time Income (For example - early distribution of an IRA due to hardship, IRA rollover, moving expense allowance, back-year Social Security payments, divorce settlement, inheritance.)

Name of person who received the income: ________________________________               Relationship to student:________________

What was the value of the one-time income in 2014? $_______________    Type of Income that has been lost: _________________________

Required Documentation:
- Please tell us more about the loss of the one-time income by attaching a letter explaining your special circumstances.
- Please submit copies of all federal 1099 forms filed.
- Also submit any additional supporting documentation you may have.

5. Private Elementary or Secondary School Tuition paid for the 2015-16 Academic Year (Do not include pre-school tuition or college tuition.)

<table>
<thead>
<tr>
<th>Name of sibling in private school</th>
<th>Name of private school sibling will attend 2015-16</th>
<th>Amount of tuition paid 2015-16</th>
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<tbody>
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Required documentation for private elementary or secondary school tuition:
- Please submit receipts or cancelled checks showing tuition payment for family member in private school.
- Please also submit proof of 2015-16 enrollment/costs for the family member in private school.
- Please note: The Office of Financial Aid uses a formula to determine the allowable percentage of your private school tuition expenses that may be considered as part of your appeal.

6. Medical/Dental Expenses in 2014 - non-reimbursed expenses that are not covered by insurance

Amount you or your family paid in non-reimbursed expenses that are not covered by insurance medical/dental expenses in 2014: $ ____________

Required Documentation:
- Please submit copies of cancelled checks and/or paid receipts for medical/dental expenses.
- Please note: The Office of Financial Aid uses a formula to determine the allowable percentage of your non-insured/non-reimbursed medical/dental expenses that may be considered as part of your appeal.

Statement of Certification and Required Signatures

I/We certify that the information provided on this form is complete and correct. I/We have carefully read the Instructions and Information and understand the conditions of this appeal.

Student Signature ____________________________ Date ____________________________

Parent Signature (for Dependent students only) ____________________________ Date ____________________________