



**DePaul University**  
**Office of Financial Aid At DePaul Central**  
**2021-2022 Special Circumstance Appeal:**  
**Income Changes and Special Expenses for Independent Students**

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
<b>Select Your College:</b>			
<input type="checkbox"/> Business <input type="checkbox"/> CDM <input type="checkbox"/> Communication <input type="checkbox"/> Education <input type="checkbox"/> Liberal Arts & Social Sciences <input type="checkbox"/> Music <input type="checkbox"/> Science & Health <input type="checkbox"/> SCPS <input type="checkbox"/> Theatre			
<b>Select your Status:</b>			
First-year freshman <input type="checkbox"/> First-year transfer <input type="checkbox"/> Continuing student <input type="checkbox"/>			

The 2021-22 FAFSA requests income information for the 2019 tax year. We understand that your situation may have changed between 2019 and today. This form is for appeals related to changes in you and/or your spouse’s financial circumstances, payment of special expenses, or both after completing the 2021-22 FAFSA. To process your appeal, you must submit the following:

- This form;
- A short narrative explaining your special circumstance;
- The document(s) requested on page two, based upon your situation.

Your appeal will be considered incomplete if the above three items are not submitted. We may request additional documentation as we review your appeal.

**Confirmation of 2019 income is a required part of the appeal process.** If you didn’t use the IRS Data Retrieval Tool when you submitted your FAFSA, you must complete **one** of the steps below:

- Log into your 2021-22 [FAFSA](#) to complete the IRS Data Retrieval process (preferred method), or
- Submit a **signed copy** of your (and your spouse’s, if applicable and you filed separately) federal tax return for 2019. If you don’t have a copy, you may request a 2019 federal tax return transcript at <https://www.irs.gov/individuals/get-transcript>.
- If you and/or your spouse did not file a tax return for 2019, you and/or your spouse must submit a confirmation of non-filing from the IRS, which you may request at <https://www.irs.gov/individuals/get-transcript>.

**If your 2021-22 FAFSA was selected for verification, that process must be completed before your appeal can be reviewed.**

**Check the circumstance that applies to you.**

<b>Check the circumstance that applies to you.</b>	
	<b>Required Documentation</b>
<p><input type="checkbox"/> <b>Change in Employment</b></p> <p>If your and/or your spouse's income significantly changed after 2019 because of unemployment, retirement, or reduction in hours, check this box.</p>	<p><b>Unemployment/retirement</b> (if separated from more than one employer, submit items from each):</p> <ul style="list-style-type: none"> <li>• Signed letter from employer on company letterhead verifying date of separation from employment.</li> <li>• The final paycheck of the unemployed household member.</li> <li>• If receiving unemployment or retirement benefits, submit a copy of the statement.</li> </ul> <p><b>Reduction in hours:</b></p> <ul style="list-style-type: none"> <li>• Letter from employer explaining the projected hours, hourly pay rate, and effective date of the income change.</li> <li>• Most recent pay stub of household member experiencing reduction of hours and income.</li> </ul>
<p><input type="checkbox"/> <b>Loss of Household Income</b></p> <p>If your finances significantly changed after 2019 due to divorce, separation, or the death of your spouse, check this box.</p>	<ul style="list-style-type: none"> <li>• <b>Divorce/Separation:</b> A copy of divorce decree or documentation indicating separate residences (e.g. separate leases, bills), and all 2019 W-2s of the custodial parent.</li> <li>• <b>Loss of Spouse:</b> Submit a copy of death certificate and information regarding life-insurance benefits, if applicable.</li> </ul>
<p><input type="checkbox"/> <b>Loss or Reduction of Benefit(s)</b></p> <p>Social Security benefits, Supplemental Security Income (SSI), Child Support, etc.</p>	<p>Submit documentation from issuing agency certifying change of benefit, including effective date.</p>
<p><input type="checkbox"/> <b>Loss of One-Time Income</b></p> <p>Early distribution of an IRA due to hardship; divorce settlement; inheritance; etc.</p>	<p>Submit copies of your and/or your spouse's federal 1099-R form (Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.) for 2019, and any other supporting documentation.</p> <p><i>Our office will not consider income adjustments based on lottery or gambling winnings.</i></p>
<p><input type="checkbox"/> <b>IRA and/or Pension Rollover</b></p> <p>2019 IRA and/or Pension Rollover reported as untaxed income on the FAFSA.</p>	<p>Submit a copy of your and/or your spouse's federal 1099-R form (Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.) for 2019.</p>
<p><input type="checkbox"/> <b>Medical/Dental Expenses in 2019</b></p> <p>Only non-reimbursed expenses not covered by insurance will be considered. If these expenses continued beyond 2019, provide detailed information in your narrative statement.</p>	<p>Enter the <b>total amount paid</b> in medical/dental expenses not covered by insurance in 2019: \$ _____.</p> <ul style="list-style-type: none"> <li>• Submit copies of receipts for <i>non-reimbursed</i> medical/dental expenses.</li> <li>• Submit a copy of your Schedule A – Itemized Deductions, if available.</li> </ul> <p><i>Our office uses a federal formula to determine the allowable percentage of these expenses that may be considered.</i></p>

**Certification Statement and Required Signatures**

I certify that the information provided on this form is complete and correct. I carefully read the Instructions and understand that the ability to make adjustments is limited, and that submission of this appeal form does not guarantee an increase in financial aid eligibility or financial aid package.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date