



DePaul University
Office of Financial Aid At DePaul Central

2019-2020 Special Circumstance Appeal: Income Changes and Special Expenses
For students who report parent information on the FAFSA – Dependent 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
Select Your College:			
<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"/> SNL <input type="checkbox"/> Theatre			
Select your Status:			
First-year freshman <input type="checkbox"/> First-year transfer <input type="checkbox"/> Continuing student <input type="checkbox"/>			

Instructions:

This form should be used for appeals related to changes in your family’s financial circumstances and/or payment of special expenses, as explained below, after the completion of the FAFSA. Submit this form and all requested documentation to the Office of Financial Aid. You and your parent must complete section 4 - Certification and Signatures.

Verification of your 2017 income is required as part of the appeal process. If you have not already used the IRS Data Retrieval when you filed the FAFSA, you will need to complete one of the steps below.

- Log into your 2019-20 FAFSA to complete the IRS data retrieval process (preferred method), or
- Submit a signed copy of student and parent 2017 federal tax return. If you don’t have a copy, request a 2017 federal tax return transcript, available at www.irs.gov.

If you have been selected for federal verification in 2019-20, you must complete that process before your appeal can be reviewed.

Section 1: Check the circumstance that applies to you	
<p><input type="checkbox"/> Change in Employment</p> <p>If your family’s 2019 or 2020 income will be significantly different from the 2017 income you reported on your FAFSA because of unemployment, retirement, or a reduction in hours, check this box and supply the requested documentation.</p> <p>Unemployment/Reduction in hours must have occurred a minimum of 10 weeks prior to submission.</p>	<p style="text-align: center;">Required Documentation</p> <ol style="list-style-type: none"> 1. Describe your changed circumstances in Section 2 (attach a separate sheet if necessary), complete Section 3, <i>and</i> 2. Provide the appropriate documentation below: <p>Required documentation for unemployment or retirement:</p> <ul style="list-style-type: none"> • Signed letter from employer on company letterhead verifying separation from employment, including the date of hire and date of separation. Job loss must be a minimum of 10 weeks. • The final paycheck from the unemployed household member. • If separated from more than one employer, submit a letter of separation from each employer. • If receiving unemployment or retirement benefits, submit a copy of the benefit statement. <p>Required documentation for reduction in hours:</p> <ul style="list-style-type: none"> • A letter from the employer explaining the projected hours, hourly rate of pay and effective dates of the income change. • The most recent paycheck from the household member experiencing the reduction of hours and income.

Last Name	First Name	DePaul ID

<input type="checkbox"/> Loss of Household Income If your family's 2019 or 2020 income will be significantly different from the 2017 income you reported on your FAFSA because of divorce or separation, or death of a parent , check this box and supply the requested documentation.	<ol style="list-style-type: none"> Describe your changed circumstances in Section 2 (attach a separate sheet if necessary), complete Section 3, <i>and</i> Provide the appropriate documentation below: <ul style="list-style-type: none"> For Divorce/Separation: Submit a copy of divorce decree, or documentation indicating separate residences (e.g. separate leases, bills), and the 2017 W-2 of the parent that will remain in the same household as the student. For Loss of Parent/Spouse: Submit a copy of death certificate. If there is a life-insurance benefit, also provide that information.
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<input type="checkbox"/> Loss/Termination of Benefit(s) Social Security benefits, Supplemental Security Income (SSI), Child Support, etc.	<ol style="list-style-type: none"> Provide an explanation of your changed circumstances in Section 2 (attach a separate sheet if necessary), complete Section 3, <i>and</i> Submit documentation from issuing agency certifying termination of benefit, including effective date of termination.
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<input type="checkbox"/> Loss of One-Time Income Early distribution of an IRA due to hardship, divorce settlement, inheritance, etc.	<ol style="list-style-type: none"> Describe your changed circumstances in Section 2 (attach a separate sheet if necessary), <i>and</i> Submit copies of all relevant federal 2017 1099 forms, and any additional supporting documentation. Note: our office will not consider income adjustments based on winnings.
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<input type="checkbox"/> IRA and/or Pension Rollover	<ol style="list-style-type: none"> Describe your changed circumstances in Section 2 (attach a separate sheet if necessary), <i>and</i> Submit a copy of your federal 2017 1099 form.
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<input type="checkbox"/> Private Elementary or Secondary School Tuition paid for the 2018-19 Academic Year (Do not include pre-school or college tuition.)	<ul style="list-style-type: none"> Complete the grid below, <i>and</i> Submit receipts or cancelled checks showing tuition payment for family member in private school and include proof of 2019-20 enrollment and tuition cost. Note: Our office uses a federal formula to determine the allowable percentage of private school tuition expenses that may be considered.
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Name of sibling in private school	Name of private school sibling will attend 2019-20	Amount of tuition paid 2019-20
1.		\$
2.		\$
3.		\$

<input type="checkbox"/> Medical/Dental Expenses in 2017 (Expenses not covered by insurance.)	Enter the total amount paid in medical/dental expenses not covered by insurance in 2017: \$ _____. Explain if these expenses are ongoing in Section 2. <ul style="list-style-type: none"> Submit copies of receipts for <i>non-reimbursed</i> medical/dental expenses. Submit a copy of your Schedule A (only) – Itemized deductions, if available. If these or other medical expenses have continued into 2018, provide detailed information. Note: Our office uses a federal formula to determine the allowable percentage of these expenses that may be considered.
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Section 2: Provide an explanation of your family's special circumstances below. Attach a separate page if necessary.

Section 3: Complete only if instructed by your circumstance selection from page 1 and/or 2.

Provide the date of your income change (job loss, income adjustment, etc.): ____/____/____

Circle the year in which your income changed/benefits terminated and complete grid below based upon the same year: 2019 2020

Anticipated taxable income (January 1—December 31) If zero, enter zero. Do not leave blanks.	Parent 1	Parent 2	Total anticipated income: Parent 1 + Parent 2
Gross wages earned: January 1 through today	\$	\$	\$
Anticipated wages for remainder of calendar year: today through December 31	\$	\$	\$
Unemployment income	\$	\$	\$
Severance or other payout	\$	\$	\$
Taxable pension	\$	\$	\$
Income from 401K/403B or other assets	\$	\$	\$
Other taxable income (Source: _____)	\$	\$	\$
Anticipated untaxed income (January 1—December 31) If zero, enter zero. Do not leave blanks.	Parent 1	Parent 2	Total anticipated income: Parent 1 + Parent 2
Payments to tax-deferred retirement plans (withheld or paid directly)	\$	\$	\$
IRA deductions	\$	\$	\$
Child support received	\$	\$	\$
Tax-exempt interest income	\$	\$	\$
Untaxed portions of IRA distributions	\$	\$	\$
Untaxed portions of pensions	\$	\$	\$
Housing/food for military/clergy	\$	\$	\$
Veterans' non-educational benefits	\$	\$	\$
Other anticipated untaxed income (Source: _____)	\$	\$	\$

Section 4: Certification Statement 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 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.

_____/____/____
Student Signature Date

_____/____/____
Parent Signature (required for dependent students) Date