



**SPECIAL CIRCUMSTANCES APPEAL
2018-2019**

Financial Aid Office
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First Name	Last Name	Student ID	Last 4 SSN	Phone Number
			XXX-XX	

REASONS TO APPEAL:

YOU ARE REQUIRED TO FILE A 2018-2019 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AND BE AWARDED BEFORE SUBMITTING THIS FORM TO THE FINANCIAL AID OFFICE.

The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. The Financial Aid Office will review and when appropriate, make adjustments to a student's institutional, state and federal aid when a student, spouse, or parent has demonstrated a decrease in income for 2017 or 2018. We reserve the right to delay review, until the end of the calendar year, any appeal where reasonable projections cannot be made. Incomplete forms or missing documentation will not be processed.

Projected income (2018) will only be accepted from July 1, 2018-November 30, 2018.

Circumstances that can be considered under this appeal:

- Unemployment or change in employment
- Unusual medical and dental expenses
- Excessive debt related to business or unemployment
- Non-recurring income
- Birth, death, separation, divorce, or disability

Circumstances which we will not consider under this appeal:

- Car payments or car insurance
- Consumer debt (credit cards)
- Mortgages and rent
- "Parents will not help pay for college"
- Home equity loans

Independent Students: *You must provide information for yourself and your spouse (if married).*

Dependent Students: *You must provide information for yourself and your parent(s).*

Section 1: Submit the following information for your appeal. Mark all appropriate boxes

- Attach signed letter of explanation indicating the reasons for reduction in income. Include the current circumstances versus the 2016 tax year's circumstances. (Include where the 2016 income went and all related dates).
- Copies of all appropriate supporting documentation specifically pertaining to your circumstance (see section 2). Mark the box that applies to the person with the income reduction. **Student** **Spouse** **Parent(s)**
- Projected Income only. Complete Section 2 & 3 for student/spouse and/or parent (if applicable) if projecting income for 2018. **Student** **Spouse** **Parent(s)**

Section 2: Select only ONE year that you will be using for your appeal. All required documentation must be submitted with this form or the appeal will be denied. Further, CEI reserves the right to request additional documentation. Mark all boxes that apply. Incomplete forms will not be processed.

<input type="checkbox"/> 2017 Tax Year Complete only the requirements below and sign Page 2:	<input type="checkbox"/> 2018 Tax Year (Projected Income) Complete the requirements below and Section 3:
<input type="checkbox"/> 2018-2019 Verification Form printed from the CEI website at http://www.cei.edu/financial-aid/forms-links	<input type="checkbox"/> Provide Statement(s) of Year-to-date income (check stubs or payroll notification) from all employers during 2018 for: <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Mother/Stepmother
<input type="checkbox"/> 2016 and 2017 IRS Tax Return Transcript: Tax Return Transcripts may be obtained only from the IRS at http://www.irs.gov/Individuals/Get-Transcript or by Phone by calling 1-800-908-9946.	<input type="checkbox"/> After 12/1/2018, you must submit 2018 W-2 forms, copies of 2018 Federal Tax Return Transcripts for the student and parent(s) {if dependent} or student and spouse {if married}. Submit the 2018-2019 Verification Form.
<input type="checkbox"/> 2017 W-2's for student/spouse and parent (if applicable).	<input type="checkbox"/> If unemployment benefits or workman's compensation were received, statement showing total benefits received for 2018.
<input type="checkbox"/> Supporting documentation pertaining to your circumstance. <i>I.e. Divorce decree, medical bills, Letter from employer etc.</i>	<input type="checkbox"/> Supporting documentation pertaining to your circumstance. <i>I.e. Divorce decree, medical bill, letter confirming loss of employment, etc.</i>

Section 3: Projected Income Only (Please Mark Zero for income that does not apply)

Section 3	Student/Spouse 2018 Taxable Income			Parent 2018 Taxable Income (if applicable)		
Taxable Income/ Benefits for Jan. 1, 2018–Dec. 31, 2018	Actual Income Received (Jan. 1, 2018 to Today)	Estimated Income (Today to Dec. 31, 2018)	Total Income Received for student/spouse (Actual + Estimated)	Actual Income Received (Jan. 1, 2018 to Today)	Estimated Income (Today to Dec. 31, 2018)	Total Parent(s) Income Received (Actual + Estimated)
Expected 2018 income earned from work by Student						
Expected 2018 income earned from work by Spouse						
Unemployment Compensation received						
Taxable Social Security Benefits						
Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, gambling earnings, etc) Specify Source:						
Total Taxed Income for 2018:						
	Student/Spouse 2018 Untaxed Income			Parent 2018 Untaxed Income (if applicable)		
Untaxed Income/ Benefits for Jan. 1, 2018–Dec. 31, 2018	Actual Income Received (Jan. 1, 2018 to Today)	Estimated Income (Today to Dec. 31, 2018)	Total Income Received for student/spouse (Actual + Estimated)	Actual Income Received (Jan. 1, 2018 to Today)	Estimated Income (Today to Dec. 31, 2018)	Total Parent(s) Income Received (Actual + Estimated)
Housing or other allowances paid to (clergy, military, et)						
Child Support Received						
Veteran’s Non-Educational Benefits						
Money received, or paid on your behalf (e.g., bills, rent, car payment), not reported elsewhere on this form.						
Other untaxed income (earned income credit, worker’s compensation, payments to IRA/Keogh, etc) Specify Source:						
Total Untaxed Income for 2018:						

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
 (If applicable-dependent students)

Financial Aid Office Only:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Old EFC:		New EFC:	
Comments:			
Processed By:		Date:	

