



**SPECIAL CIRCUMSTANCES APPEAL
2019-2020**

Financial Aid Office
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1600 S. 25th E. Idaho Falls, Idaho 83404

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

REASONS TO APPEAL:

YOU ARE REQUIRED TO FILE A 2019-2020 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 2018 or 2019. 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 (2019) will only be accepted from July 1, 2019-November 30, 2019.

Circumstances that can be considered for appeal: <ul style="list-style-type: none"> • Unemployment or change in employment • Unusual medical or dental expenses • Excessive debt related to business or unemployment • Non-recurring income • Birth, death, separation, divorce, or disability • Loss of income due to natural disaster 	Circumstances which we <u>will not</u> consider for appeal: <ul style="list-style-type: none"> • Car payments or car insurance • Consumer debt (credit cards) • Mortgages and rent • "Parents will not help pay for college" • Home equity loans
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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. Please Mark all appropriate boxes

- I the student, have filled the 2019-2020 Free Application for Federal Aid (FAFSA) and I have been awarded financial aid from CEI. I have reviewed my financial aid awards on Self- Service.
- Attach a signed letter of explanation indicating the reasons for reduction in income. Include the current circumstances versus the 2017 tax year's circumstances. (Include all related dates).
- Complete the **2019-2020 Verification Form** <http://www.cei.edu/financial-aid/forms-links>
This form can be printed from the CEI website. After 12/19/2019, you must submit 2019 W-2 forms, copies of 2019 Federal Tax Return Transcripts for the student and spouse {if married} or student and parents {if Dependent}
- Mark the box to indicate the person with the income reduction(s) or unusual expenses.
 Student **Spouse** **Parent(s)** (Father/Stepfather Mother/ Stepmother)
- You must schedule an appointment with a Financial Aid Counselor. Call the Financial Aid Office at (208)535-5374 or (208)535-5311. The Financial Aid Office is located in John E. Christofferson Building #3, room 353.

You must bring your completed special circumstance form and all required documentation to your appointment. Your special circumstances will not be considered unless you provide adequate, appropriate documentation and meet with a counselor from the Financial Aid Office.

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Financial Aid Office Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Not eligible	Date Received
Old EFC:		New EFC:		
Comments:				
Processed By:		Date:		

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.

I would like to use **2018 Tax Year** to have my financial aid re-evaluated.

- Provide the listed documents & complete Section 3, skip Section 4 and provide your Signature on page 3.**
Provide a copy of **2017 and 2018** IRS Tax Return Transcripts: Tax transcripts can be obtained only from the IRS at <http://www.irs.gov/Individuals/Get-Transcript> or by Phone by calling 1-800-908-9946.
2018 W-2's (Wage Statements from employer) for student/spouse and parent (if applicable).

I would like to use **2019 Tax Year (Projected Income)** to have my financial aid re-evaluated.

- Provide the following documents & complete Section 3, Section 4 and SIGN page 3.**
Provide Statement(s) of Year-To-Date income from all employers during 2019 for student/spouse and parent (if applicable). You must attach documentation of all actual income. Documents could include recent pay stubs with year-to-date earnings, a letter from employer stating total earnings and future income, etc.
After December 31, 2019 submit a copy of your 2019 IRS Tax Return Transcript: Tax transcripts can be obtained only from the IRS at <http://www.irs.gov/Individuals/Get-Transcript> or by calling 1-800-908-9946.
2019 W-2's (Wage Statements from employer) for student/spouse and parent (if applicable).

SECTION 3: Please indicate the reason(s) for the change in income or unusual expenses. Provide the required documentation. Provide information for yourself/ spouse (if married or parent(s) if dependent).

- Loss of Income from Work:**
Layoff -Provide a letter from employer stating effective date and anticipated return.
Termination- Provide a letter from employer stating effective date. If this is not available, provide documentation from local unemployment office.
Business Closure- Provide a letter from employer stating effective date or unemployment application.
Quit or reduced employment to attend school- Provide a letter from employer stating effective date.
Were self-employed but are now unemployed due to economic conditions or natural disaster.
Loss of unemployment- Statement or documentation to support. Statement showing total benefits received.
Loss of Disability- Date: (mm/dd/yyyy) _____. Attach documentation for disability.

- Loss of Taxable Income:**
Alimony- Provide court document(s) stating termination date of benefit.
Unemployment- Provide a letter from the unemployment office stating termination date of benefit.

- Loss of Untaxed Income:**
Child support- Provide a letter or court document stating termination date or a reduction in benefits.
Worker's compensation- Provide a statement showing total benefits received and termination date.

- Divorce or Separation-** Since applying for financial aid, you or your parent(s) have been divorced or separated
Date of divorce: (mm/dd/yyyy) _____. Give only your information when completing section 4.
Attach a copy of the divorce decree, and a signed copy of your 2017 Federal Tax Return, and W-2 form(s).
Date of separation: (mm/dd/yyyy) _____. Give only your information when completing section 4.
Current address of spouse: _____
Attach a signed copy of your 2017 Federal Tax Return Transcript and W-2 form(s).

- Death of Spouse or Parent-** Since applying for financial aid, your spouse or parent has died.
Date of death: (mm/dd/yyyy) _____. Provide documentation. (death certificate or obituary)
Give only your information or surviving parent when completing section 4.
Attach a signed copy of 2017 Federal Tax Return Transcript and W-2 form(s).

- One-Time Income-** (i.e. inheritance, moving expense allowance, back year Social Security payments, or lump sum retirement or IRA distribution). You must attach documentation that identifies the source and amount of income and itemize how the funds were spent or invested.

- Unusual Expenses Paid-** You have paid excessive medical, dental, or nursing home expenses for the 2017 calendar year that are not covered by insurance. If you itemized deductions (Schedule A), provide a signed copy of your 2017 Federal Tax Return Transcript. If you did not itemize deductions, provide proof of payment.

- Other-** Please specify and provide appropriate documentation.

SECTION 4: 2019 Tax Year PROJECTED INCOME ONLY (Please Mark Zero for income that does not apply)

Report all income you have actually received from January 1, 2019 through today. Then estimate all income you expect to receive from today through December 31, 2019. Report your spouse's income (if married) or parents (if dependent). **YOU MUST ATTACH DOCUMENTATION OF ALL ACTUAL INCOME.** For acceptable documents see Section 2.

After November 1, 2019: Submit a signed copy of your **2019 Federal Tax Return Transcript and W-2's**.

<i>Section 4</i>	Student/Spouse 2019 Taxable Income			Parent 2019 Taxable Income (if applicable)		
Taxable Income/ Benefits for Jan. 1, 2019–Dec. 31, 2019	Actual Income Received (Jan. 1, 2019 to Today)	Estimated Income (Today to Dec. 31, 2019)	Total Income Received for student/spouse (Actual + Estimated)	Actual Income Received (Jan. 1, 2019 to Today)	Estimated Income (Today to Dec. 31, 2019)	Total Parent(s) Income Received (Actual + Estimated)
Expected 2019 income earned from work by Student						
Expected 2019 income earned from work by Spouse						
Unemployment Compensation received						
Taxable Social Security Benefits						
Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, rental income, etc) Specify Source:						
Total Taxed Income for 2019:						
	Student/Spouse 2019 Untaxed Income			Parent 2019 Untaxed Income (if applicable)		
Untaxed Income/ Benefits for Jan. 1, 2019–Dec. 31, 2019	Actual Income Received (Jan. 1, 2019 to Today)	Estimated Income (Today to Dec. 31, 2019)	Total Income Received for student/spouse (Actual + Estimated)	Actual Income Received (Jan. 1, 2019 to Today)	Estimated Income (Today to Dec. 31, 2019)	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 2019:						

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Student Signature: _____ Date: _____

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