

Request for Consideration of Special Circumstances 2019-2020

-READ CAREFULLY-

The Free Application for Federal Student Aid (FAFSA) is based on 2017 household income. The request for consideration of special circumstances is for students whose household has an extenuating circumstance that has recently had a significant impact on the household income; in which case the 2017 income reported on the FAFSA no longer reflects the household income.

This appeal process is a request for the Office of Financial Aid to exercise professional judgement, by using the family's most recent income information, to make adjustments to the data elements in the FAFSA. Adjustments to the FAFSA could have an impact on the Expected Family Contribution (EFC); which in effect, could impact the amount of financial aid for which a student is eligible. *Appeals will be processed only when an initial award letter has been issued and all additional documents have been received.*

Note: This request is for extenuating circumstances, beyond the family's control. If a person voluntarily quits work or is fired for unsatisfactory performance, a special circumstance adjustment will not be considered.

DEADLINES

Students beginning Fall 2019: October 1, 2019

Students beginning Spring 2020: February 14, 2020

Instructions for completing this form:

Section A: Student Information - Include your name, CNU Student ID #, and the mailing address for which your decision letter should be mailed.

Section B: Explanation of Re-Evaluation - Check the box that best describes your circumstance. If your circumstance is not listed, use the 'other' box to indicate the reason for your appeal. Be sure to list all applicable dates and names of people impacted.

Attach a detailed narrative, explaining your circumstances listed above. The written explanation will be used by the appeals committee to determine if the circumstance described warrants an appeal. If approved. The information below will be used to make adjustments to your FAFSA. The attached narrative must be signed and dated.

Section C: Reduction of Income or Job Loss - This section is requesting 2018 income information for the household. You must include your 'Earned Income (Year-to-date) figures for all household members. This is how much you have earned from Jan. 1, 2018 to Dec. 31, 2018.

Section D: Required Documentation - You must provide supporting documentation to verify your household situation and current income as described above. Review each item carefully and initial that you have provided a copy of the document listed as a part of your request. If the item is not applicable to your circumstance, write 'N/A'. **Any incomplete forms and/or missing documents will not be reviewed until all necessary documentation has been submitted.**

Section E: Signatures – Make sure this form and all applicable supporting documents are signed.

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A. Student Information

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First Name	Last Name	CNU ID Number
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Mailing Address	City	State	Zip
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B. Explanation of Re-Evaluation

- Check the circumstance that best describes your reason for this request.
- Attach a detailed narrative, explaining your circumstances listed above. The written explanation will be used by the appeals committee to determine if the circumstance described warrants an appeal. If approved, the information below will be used to make adjustments to your FAFSA. The attached narrative must be signed and dated.

Reason:	Name of Person(s) in Household Impacted:
<input type="checkbox"/> Loss of Employment Date of termination: _____	
<input type="checkbox"/> Salary Reduction Date of reduction: _____	
<input type="checkbox"/> Divorce or Separation Date of divorce/separation: _____	
<input type="checkbox"/> Death of a Parent/Spouse Date of death: _____	
<input type="checkbox"/> Other (please describe)	

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C. Reduction of Income or Job Loss

Do NOT leave information below blank. Use 'zero' or 'N/A' if the information does not apply to you. Please note that all income reported below must be verified with supplemental documentation.

2018 Gross Income	Student	Student's Spouse (if applicable)	Father/Stepfather	Mother/Stepmother
<i>Report totals received from January 1, 2018 – December 31, 2018</i>				
Wages, salaries, tips:				
Net Income or loss from business or farm:				
Unemployment compensation:				
Severance pay:				
Child Support Received:				
VA Non-Education Benefits:				
Other taxable income (list each source):				
Other untaxed income (list each source):				

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D. Required Documentation

You must provide supporting documentation to verify your household situation and current income as described above. Review each item carefully and initial that you have provided a copy of the document listed as a part of your request. If the item is not applicable to your circumstance, write 'N/A'.

- ___ Detailed narrative (signed and dated)
- ___ Letter /Statement from Employer regarding job loss/income reduction
- ___ 2018 Federal 1040 Form (Federal Tax Return), including all Schedules – must be a signed copy
- ___ 2018 W2 Forms for both student and parents (or student and student's spouse if applicable)
- ___ 2019-20 Dependent Verification Worksheet (Independent worksheet for married students) – **This form is required and must be downloaded from our website for completion.**
- ___ 2019-20 Asset Verification Form
- ___ Documentation (if applicable) of unemployment benefits
- ___ *If your loss of employment occurred in 2019 please include your most recent year to date pay stubs.

If divorce or separation is the reason for your request, you must also provide the following:

- ___ Divorce Decree or Separation Agreement (must include effective date)
- ___ Proof of Separate Residencies (must show separation as of effective date)

If death of a parent/spouse is the reason for your request, you must also provide the following:

- ___ Death certificate or copy of obituary

Any incomplete forms and/or missing documents will not be reviewed until all necessary documentation has been submitted. Once your request is complete, you will be notified via mail of the outcome within three weeks. The review process may be extended if there is more documentation or clarification needed for the request.

E. Signatures

I (we) certify that all of the information reported on this form and any attachments is true, complete and accurate.

Student Signature: _____

Date: _____

Spouse Signature: *(if applicable)* _____

Date: _____

Parent Signature: *(if applicable)* _____

Date: _____