



Special Circumstance/Appeal Form 2017-2018 Independent Students

Federal Student Aid Regulations provide the potential for reevaluation if your financial circumstances change. The 2015 income information that you reported on your financial aid application may not be an accurate indicator of your ability to pay for educational costs. If you (or your spouse) meet one of the circumstances indicated below, your financial aid eligibility may qualify for reevaluation. Once you have completed all steps below, return this form along with the **suggested supporting documentation** to the Trinity Student Financial Services Office. Submission of this form does not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis.

Name _____ Date _____
Last First MI

Permanent Address _____
Number and Street (including Apt. No.) City State Zip Code

Social Security Number _____ Phone _____

Step II: Reason for Filing a Special Circumstance Form

Check (✓) the circumstance that applies to your situation. Documentation to support your (or your spouse's) circumstance **must be attached**.

- A. You (or your spouse) earned money in 2015 but have since lost your full-time job and are still unemployed.

Suggested Documentation:

1. Copy of your (and spouse's if separate filing) 2015 signed 1040 Tax Return Form or Federal IRS tax return transcript (Obtain at www.irs.gov/individuals/get-transcript).
2. Statement from ALL previous employer(s) you (or your spouse) worked for in 2015 and/or 2017 on company letterhead indicating:
 - Date you (or your spouse) ceased employment
 - Total earnings for the ENTIRE year of 2015
 - Wages for 2017 (if employment ceased in 2017).
3. A current statement of unemployment benefits received.
4. Copy of your (and your spouse's) 2015 W-2 form(s).

- B. You (or your spouse) earned money in 2015 but have changed employment and currently earn substantially less money in 2017.

Suggested Documentation:

1. Copy of your (and spouse's if separate filing) 2015 signed 1040 Tax Return Form or Federal IRS tax return transcript (Obtain at www.irs.gov/individuals/get-transcript).
2. Statement on company letterhead from ALL employers you (or your spouse) worked for in 2015, 2016 and/or 2017 indicating:
 - Dates of employment
 - Your (or your spouse's) estimated earnings for 2017.
3. Copy of you (and your spouse's) 2015 W-2 form(s)
4. Recent check stub from current employer(s).

- C. You are now separated or divorced, but the 2017-2018 application for financial aid lists "Married" for your tax filing status.

Suggested Documentation:

1. Copy of your (and spouse's if separate filing) 2015 signed 1040 Tax Return Form or Federal IRS tax return transcript (Obtain at www.irs.gov/individuals/get-transcript).
2. Copy of your 2015 W-2 form(s); and
3. **If you are separated:** Attach a signed statement indicating the dates of your separation and list the addresses where you and your spouse reside **OR**
If you are divorced: Attach a copy of the divorce decree.

- D. The financial aid application for 2017-2018 includes income earned by a supporting spouse who is now deceased.

Suggested Documentation:

1. Copy of your (and spouse's if separate filing) 2015 signed 1040 Tax Return Form or Federal IRS tax return transcript (Obtain at www.irs.gov/individuals/get-transcript).
2. Copy of your spouse's death certificate.
3. Copy of your 2015 W-2 form(s).

- E. You (or your spouse) received unemployment compensation or some other taxed or untaxed income or benefit in 2015 but have completely lost that income or benefit. (*Income and benefits include such things as: Social Security benefits, court-ordered child support, retirement or disability benefits. Don't include loss of veteran's educational benefits.)

Suggested Documentation:

1. Copy of your (and spouse's if separate filing) 2015 signed 1040 Tax Return Form or Federal IRS tax return transcript (Obtain at www.irs.gov/individuals/get-transcript).
2. Statement of termination from the source of income. Include dates he/she received the benefits.
3. Statement from the source of the income or benefit indicating the dates he/she received the income benefit and the estimated income or benefit received in 2015.

- F. You (or your spouse) received a one-time income in 2015, such as Social Security payment, inheritance, IRA, or pension distribution.

Suggested Documentation:

1. Copy of your (and spouse's if separate filing) 2015 signed 1040 Tax Return Form or Federal IRS tax return transcript (Obtain at www.irs.gov/individuals/get-transcript).
2. Statement from source of one-time income indicating amount.
3. Statement from you indicating the disposition of the funds.

(over)

G. You **paid out** (not owed) a large amount of medical and/or dental expenses in 2015, 2016 or 2017.

H. You **paid** private or parochial elementary and/or secondary tuition in 2015, 2016 or 2017.

Total Medical/Dental Expenses Paid in 2015, 2016 or 2017: \$ _____

Total Tuition Paid in 2015, 2016 or 2017: \$ _____

Suggested Documentation:

1. Copy of your (and spouse's if separate filing) 2015 signed 1040 Tax Return Form or Federal IRS tax return transcript (Obtain at www.irs.gov/individuals/get-transcript).
2. Copy of your (and spouse's) 2015 federal income tax Schedule A.
3. Copies of the medical and dental payments (receipts/statements) not covered by insurance that they have already paid.

Suggested Documentation:

1. Copy of your (and spouse's if separate filing) 2015 signed 1040 Tax Return Form or Federal IRS tax return transcript (Obtain at www.irs.gov/individuals/get-transcript).
2. Copies of paid receipts for private or parochial elementary and/or secondary tuition; OR
3. Statement from the education institution indicating 2015, 2016 or 2017 tuition paid.

IMPORTANT NOTE: If **one** of the following options applies, please check the appropriate box and **skip to Step IV:**

- The circumstances listed in Step II do not apply to my financial situation
- The Expected Family Contribution (EFC) outcome number on my FAFSA is **zero**

Step III: Your Family's Expected Income in 2017

(Enter "0" or "N/A" where applicable. Note: If you checked items C, D, F, G, or H, skip Step III and complete Step IV.)

1. In 2017, how much will you earn from work?	\$ _____
2. In 2017, how much will your spouse earn from work?	\$ _____
3. In 2017, how much will you receive in Unemployment Compensation?	\$ _____
4. In 2017, how much will your spouse receive in Unemployment Compensation?	\$ _____
5. In 2017, how much will you and your spouse receive in Child Support?	\$ _____
6. In 2017, how much will you receive in Workers' Compensation?	\$ _____
7. In 2017, how much will your spouse receive in Workers' Compensation?	\$ _____
8. In 2017, how much will you receive in Social Security benefits?	\$ _____
9. In 2017, how much will your spouse receive in Social Security benefits?	\$ _____
10. In 2017, how much will you and your spouse receive in other untaxed income, such as earned income credit, housing, food, and other living expenses from military, clergy, and others? (Include cash payments and cash value benefits.)	\$ _____

Step IV: Statement of Circumstances / Letter of Appeal

Please attach a separate document to explain any information on this form or expand upon your/your family's circumstances.

Step V: Read, Sign and Return to Trinity Student Financial Services Office

Certification: All the information on this form and the attached documents is true and correct to the best of my knowledge. If asked by an authorized official, I agree to give additional proof of the information that I have given on this form. I realize that this proof may include a copy of federal or state tax returns. I also realize that if I do not give proof when asked, the Special Circumstance will not be reviewed.

Student Signature _____ Spouse Signature _____

Date Completed _____ **Is your documentation attached?** yes no

All requested documentation can be mailed, faxed, or sent by e-mail: Fax: (847) 317-7040 Email: finaid@tiu.edu
Trinity International University, Attn: Student Financial Services, 2065 Half Day Road, Deerfield, IL 60015

OFFICE USE ONLY

APPROVED DENIED Date _____ Staff Signature _____ 2nd Check By: _____

Reason for Denial _____

12 Month Period Used _____