2015-2016 Special Circumstance Appeal

If a family experiences a significant income loss that causes a substantial change in financial status, this form will allow you to request special consideration of your unique financial circumstances for the 2015–2016 academic year.

A Tax Return Transcript is **required** for your Special Circumstance Appeal. The U.S. Department of Education no longer allows a preparer's copy of the personal return to be submitted, therefore, you may order a Tax Return Transcript. You may order a [TAX RETURN TRANSCRIPT](https://www.irs.gov) from the Internal Revenue Service online at [www.irs.gov](https://www.irs.gov) or by phone at 1-800-908-9946.

Obtain a **2014 Federal IRS Tax Return Transcript and W-2 forms** for yourself, your spouse (if married) or your parents/step-parent (if dependent).

Indicate below which financial circumstances are impacting your family please submit a signed statement detailing circumstances.

- **Unemployment/Loss of Job/Retirement/Disability**
  - Submit the following required documentation:
    - 2014 Tax Return Transcripts & 2014 W2(s)
    - Signed letter from employer on company letterhead verifying circumstance of separation from employment. The letter must include the date of hire and date of separation. Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment.
    - If receiving unemployment benefits, please submit a copy of the benefit statement.
    - If separated from more than one employer, please submit a letter of separation for each employer.

- **Change in income as a result of divorce/separation/loss of parent/spouse**
  - Submit the following required documentation:
    - 2014 Tax Return Transcripts & 2014 W2(s)
    - For Divorce: Submit a copy of the divorce decree, or documentation indicating separate residences.
    - For Death: Submit a copy of the death certificate or obituary.

- **Change in income as a result of a loss/termination of benefit** (For example: Social Security benefits, Supplemental Security Income (SSI), Unemployment benefits, Child Support, Untaxed retirement or disability benefits, AFDC.)
  - Submit the following required documentation:
    - 2014 Tax Return Transcripts & 2014 W2(s)
    - Documentation from issuing agency, certifying termination of benefit, including effective date of termination.

Copies of your 2014 federal income tax transcript for both parent/spouse and student must be attached. Include W-2 Forms (if they have not been previously requested and submitted for this academic year). Appeals submitted without tax documents will not be processed.

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Student Name: __________________________ Loyola ID: __________________________

(Please print) (Your 11-digit Loyola ID number begins 0000.)
Complete this appeal section after you have obtained information about the amount of unemployment benefits you will receive. Attach documentation as listed below. Any appeals submitted without proof of income will not be reviewed.

**PARENTS**

Parent 1/stepparent change in income. Date of change: ____________________________

Please explain the change: ______________________________________________________

Parent 2/stepparent change in income. Date of change: ____________________________

Please explain the change: ______________________________________________________

**WAGES (Calendar year – January 1, 2015 – December 31, 2015)**

Expected wages earned by parent 1/stepparent for calendar year 2015: $ ____________

Expected wages earned by parent 2/stepparent for calendar year 2015: $ ____________

**OTHER INCOME EXPECTED IN CALENDAR YEAR 2015:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Severance</td>
<td>$ ________</td>
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<tr>
<td>Unemployment Benefits</td>
<td>$ ________</td>
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<tr>
<td>Worker’s Compensation</td>
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<tr>
<td>Interest/Dividend Income</td>
<td>$ ________</td>
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<tr>
<td>Other</td>
<td>$ ________</td>
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</tbody>
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**STUDENT**

Student/spouse change in income. Date of change: ____________________________

Please explain the change: ______________________________________________________

**WAGES (Calendar year – January 1, 2015 – December 31, 2015)**

Expected wages earned by student for calendar year 2015: $ ____________

Expected wages earned by spouse for calendar year 2015: $ ____________

**OTHER INCOME EXPECTED IN CALENDAR YEAR 2015:**

<table>
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Copies of your 2014 federal income tax transcript for both parent/spouse and student must be attached. Include W-2 Forms (if they have not been previously requested and submitted for this academic year). Appeals submitted without tax documents will not be processed.

Last updated 03/03/15
Loss of one-time income (Roth IRA, one-time capital gain, etc.): If you or your parent received one-time income in 2014 that will not occur in 2015 (e.g., early distribution of an IRA due to hardship, IRA rollover, moving expense allowance, back-year Social Security payments, or a divorce settlement), you may be eligible to appeal based on this one-time income.
Submit the following required documentation:

- 2014 Tax Return Transcripts & 2014 W2(s)
- Form 1099-MISC
- Documentation why funds will not be available to be used towards educational expenses.

Private Elementary and/or Secondary School Tuition (Note: include tuition expenses for private education only. College, day care, or preschool tuition is not eligible for consideration. Book, bus, and fee expenses are not taken into account.)
Submit the following required documentation:

- A copy of the actual tuition bill for 2015-2016 after financial assistance

<table>
<thead>
<tr>
<th>Family Member</th>
<th>School</th>
<th>Age</th>
<th>Grade</th>
<th>Tuition</th>
<th>Financial Aid</th>
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Last updated 03/03/15
Medical/Dental Expenses

Students or families with significant medical or dental expenses billed and paid during 2015 that were not reimbursed by insurance, may indicate the expenses and provide documentation. Please submit a copy of the parent and student 2014 federal tax transcript with W2 form(s). Submit copies of canceled checks/paid receipts of medical/dental expenses. Appeals submitted without tax documents will not be processed.

Significant medical expenses are defined as those that are at least 10% of your Adjusted Gross Income (AGI). To determine if you’re medical expenses are of an amount sufficient to be considered in re-evaluating your financial aid eligibility:

\[
\text{AGI from 2014 federal tax return} \times 10\% = \text{Minimum amount of non-reimbursed 2015 medical expenses required for appeal}
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<table>
<thead>
<tr>
<th>Family Member</th>
<th>Date of Treatment/Provider</th>
<th>Amount Paid in 2015</th>
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<tbody>
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Other Special Circumstances

Submit the following required documentation:

Attach a letter that fully explains your circumstance. Include appropriate documentation. We cannot consider mortgage, car expense, bankruptcy, credit card debt, attorney fees, tax levy, or installment loans.

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in denial of the appeal. Additional documentation may be requested as needed.

Student Signature ___________________________ Date __________

Parent 1 Signature ___________________________ Date __________

Parent 2 Signature ___________________________ Date __________

Copies of your 2014 federal income tax transcript for both parent/spouse and student must be attached. Include W-2 Forms (if they have not been previously requested and submitted for this academic year). Appeals submitted without tax documents will not be processed.