2018-2019 Special Circumstance Appeal

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Loyola ID:</th>
</tr>
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<tbody>
<tr>
<td>(Please print)</td>
<td>(Your 11-digit Loyola ID number begins 0000)</td>
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</table>

**Appeal forms and ALL supporting documentation must be submitted at least 4 weeks prior to the end of the term.**

If your 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 2018–2019 academic year. Before submitting this appeal form, please complete the following step:

Please order a 2016 Tax Return Transcript from [www.irs.gov](http://www.irs.gov) or by phone at 1-800-908-9946. Please provide us with a copy along with this appeal form. A copy of your personal 1040 tax return is **not** acceptable documentation.

Indicate below which financial circumstances are impacting your family and submit copies of all supporting documentation as listed below. Incomplete appeals will not be approved. Any approval is for the 2018-2019 academic year only.

Was a Special Circumstance Appeal approved for the 2017-2018 year?  □ Yes  □ No

Is the supporting documentation listed below already on file?  □ Yes  □ No

<table>
<thead>
<tr>
<th>1. Unemployment/Loss of Job/Retirement/Disability</th>
<th>January 2018 - December 2018</th>
</tr>
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<tbody>
<tr>
<td>Choose one:</td>
<td>Estimated wages $______________</td>
</tr>
<tr>
<td>□ Loss of income  □ Reduction of income</td>
<td>Estimated taxable income</td>
</tr>
<tr>
<td>Name of person experiencing loss or change in income:</td>
<td>Unemployment $________________</td>
</tr>
<tr>
<td>_______________________________________________</td>
<td>Severance $__________________</td>
</tr>
<tr>
<td>Relationship to student:</td>
<td>Other $ _____________________</td>
</tr>
<tr>
<td>_______________________________________________</td>
<td>Estimated untaxed income</td>
</tr>
<tr>
<td>Source of lost income:</td>
<td>Type of untaxed income ________</td>
</tr>
<tr>
<td>_______________________________________________</td>
<td>Amount of untaxed income $__________</td>
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If appeal is for loss of income, submit *both* of the following:
- Signed letter from employer on company letterhead verifying the date of separation. If separated from more than one employer, please submit a letter from each employer
- Unemployment benefit statement or a signed statement that that you did not and will not receive unemployment

If appeal is for reduction income, please submit the following as applicable:
- A letter from your employer explaining the projected hours and hourly rate of pay
- Copy of last pay stub from former and/or current employer(s)
- Documentation from physician or insurance agency verifying disability

Scan completed form and E-mail to ssomfinaid@luc.edu
2. Divorce/Separation/Loss of Parent or Spouse

Choose one:
- Divorce
- Loss of parent/spouse

Person to be removed from the FAFSA
- Parent 1
- Parent 2
- Student’s Spouse

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

3. Loss of Benefit

Name of person losing benefit ___________________________
Relationship to student ________________________________
Date of termination _________________________________
Amount in 2016 $ ______________
Amount in 2017 $ ______________
Amount in 2018 $ ______________

Type of benefit:
- Social Security
- Supplemental Security Income (SSI)
- Unemployment
- Child Support
- Untaxed retirement
- Untaxed disability
- AFCD
- Other ________________________________

Submit the following required documentation:
- Statement from issuing agency certifying termination of benefit, including effective date of termination

4. Loss of One-Time Income

Name of person who received the income ____________________
Relationship to student ________________________________

Type of income lost:
- Early distribution of IRA
- IRA rollover
- Moving expense allowance
- Back-year social security payments
- One-time capital gain
- Divorce Settlement
- Other ________________________________

Value of Income in 2016 $ ____________________________

Submit the following required documentation:
- Copies of all federal 1099 forms filed
- Documentation why funds will not be available to be used towards educational expenses
5. Private Elementary and/or Secondary School Tuition

<table>
<thead>
<tr>
<th>Name of Sibling</th>
<th>Name of Private School &amp; Grade</th>
<th>2018-2019 Tuition &amp; Fees Paid</th>
</tr>
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Submit the following required documentation:
• A copy of the actual tuition bill for 2018-2019 after financial assistance

6. Paid Medical/Dental Expenses

The Financial Aid Office will only consider paid expenses over the amount already protected by the FAFSA for medical expenses.

Amount Paid in 2018 (not reimbursed by insurance) $ ________________________ (do not include premiums)

Submit the following required documentation:
• Itemized statements or receipts showing proof of out-of-pocket payments

7. Other Circumstances

Submit the following required documentation:
• Letter that fully explains your circumstance
• Appropriate documentation

We cannot consider mortgages, car expenses, 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, cancelled 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 Signature* ____________________________ Date __________

*Typed and digital signatures are not acceptable