IUPUI and IUPUC Special Circumstance Appeal: Summer 2010

If your financial situation has changed substantially during the past year or since completing the federal aid application (FAFSA), you can submit a Special Circumstance Appeal form for reconsideration of your financial need for the summer 2010.

Who should file an appeal?
Any student or family whose financial situation has changed from 2008 to 2009 can apply to be reviewed for a change in the financial need analysis for the student. An approved appeal may either reduce the Estimated Family Contribution (EFC) or increase the overall Cost of Attendance (COA) for the student.

COST OF ATTENDANCE (COA) CHANGE
If you are attempting to increase the overall COA, the following items may be taken into consideration.

- Vehicle repair/mileage expenses
- Computer purchase
- Dependent care allowance
- Lodging/Transportation for 3rd + 4th Year Away Rotation (Med only)
- Professional licensure exams (grad students only)

NOTE: An increase in your COA does not allow for an increase in any financial aid award if you have already been awarded the maximum annual Direct Stafford loan amount. However, students may pursue private/alternative loan options up to the new COA. For example: a dependent undergraduate freshman student who has already received a Direct Stafford Loan for $5500 during the 09-10 aid year cannot receive additional Stafford Loan funding due to a change in COA.

ESTIMATED FAMILY CONTRIBUTION (EFC) CHANGE
If you are attempting to reduce the EFC, the following items may be taken into consideration.

- Unusual medical and/or dental expenses
- Parent’s enrollment in postsecondary education program
- Unusual debts
- Decrease in income
- Nonrecurring income
- Separated, divorced, or widowed since filing FAFSA

NOTE: Students that already have a $0 Estimated Family Contribution (EFC) should NOT submit an appeal. These students have already been given the maximum amount of financial aid.

Submission: Please submit your application, typed narrative explaining the situation, supporting documentation, and signed federal tax returns (for EFC adjustments) to the Office of Student Financial Aid Services to determine if you are eligible for a professional judgment adjustment. You will receive an e-mail notification at your IUPUI or IUPUC account of the decision within 10 to 15 business days. Reviews for the summer 2010 will not begin until June 1, 2010.

If you feel this form does not fully reference your special circumstance and would still like the Office of Student Financial Aid Services to review your situation, please turn in a typed narrative explaining the situation with supporting documentation and we will review your situation. Please also fill out the appeal form with your name, student ID, e-mail address and appropriate signatures.

Checklist of Items Needed for the Appeal
- Appeal Form completed and signed
- Typed narrative that details the reasons for the special circumstance review
- Any documentation necessary to support the appeal (see page 2)
- Copy of signed federal income tax return (for all EFC changes)
DOCUMENTATION REQUIREMENTS

COST OF ATTENDANCE CHANGES

Transportation-related items:

Vehicle Repair Expenses: Itemized bill(s) and copy of payment information (e.g. receipt) including date.

Mileage Expenses: None. However, you must live outside Marion County if you are an IUPUI student or outside Bartholomew County if you are an IUPUC student. We will calculate mileage based on your address of record in OneStart.

Dependent child care: Invoice from provider and/or cancelled check or payment receipt with dates.

Purchase of a personal computer: Receipt listing computer purchase with verification of payment with dates.

Student housing change from living with parent to living off/on campus in a separate household: Copy of lease agreement or other bill showing household charges.

Cost for professional licensure exams (e.g. NERM, WREB, or law BAR) for graduate students in the School of Dentistry, Law, or Medicine: Receipt listing professional licensure examination with verification of payment with dates.

Cost for lodging and transportation for graduate students in the School of Medicine during the 3rd and 4th year away rotation: Receipts listing lodging costs with verification of payment with dates. For transportation, include documentation verifying round trip miles driven from your lodging location to your rotation location.

ESTIMATED FAMILY CONTRIBUTION CHANGES

Uninsured/Unusual medical costs for 2008 or 2009: Receipt(s) listing uninsured medical costs with verification of payment with dates during either 2008 or 2009. Must include dated & signed Federal Tax return and/or Schedule A for appropriate tax year.

Parent attending college (degree-seeking status, enrolled at least ½ time during the summer 2010): Evidence of enrollment (summer 2010) listing coursework and credits with detailed bill and payment statement for each enrollment period. Parent must not be receiving employer reimbursement.

Decrease in Income from 2008 to what was received in 2009: Attached worksheet and dated/signed 2008 AND 2009 Federal Income Tax returns AND letter from employer listing last day of employment and a copy of the last paycheck stub and payroll schedule (weekly, biweekly, or monthly) OR other evidence that individual is receiving unemployment benefits. If re-employed, attach a statement with the first date of employment and copy of the most recent paycheck stub and payroll schedule. If employed, but significant decrease present, provide copies of paystub from comparable pay periods in 2008 and 2009 to show amount currently being earned is less than before.

Loss of untaxed income from 2008 to what was received in 2009: Attached worksheet and dated/signed 2008 AND 2009 Federal Income Tax returns, and documentation of loss untaxed income (e.g. loss of child support received, worker’s compensations, etc.) in 2009 with effective date.

Loss of nonrecurring income or increase of unusual debts from 2008 to what was received in 2009: Attached worksheet and dated/signed 2008 AND 2009 Federal Tax returns & documentation of situation (e.g. One-time disbursements from IRA, unexpectedly high debt due to job loss, etc.) in 2008 with effective date.

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Student Name: ________________________________ University ID: ________________

IUPUI or IUPUC e-mail address: ________________________________

I am attempting to increase my COST OF ATTENDANCE due to...

☐ Vehicle repair expenses Total cost of repairs $ ________

☐ Car mileage # days/week commute: _______

☐ Dependent/Child Care expenses total cost: $__________

   Total # and ages of dependents: ______________________________________

☐ Personal computer purchase total cost: $_________________

☐ Housing change (living with parents to living independently only)

☐ Professional licensure exam total cost: $_________________

☐ 3rd/4th year medical student away-rotation (lodging + transportation costs)

   total cost: $_________________


I am attempting to decrease my ESTIMATED FAMILY CONTRIBUTION due to...

☐ Unusual medical/dental expenses (paid only) total cost: $__________

   Name of person + relationship to student: ________________________________

☐ Parent in college (Dependent students only)

   Parent Name: ________________________________

   College Name & Location: ________________________________

☐ Decrease in income for (check):       _____ parent _____ student _____ spouse

☐ Loss of untaxed income (check):       _____ parent _____ student _____ spouse

☐ Loss of non-reoccurring income (check):       _____ parent _____ student _____ spouse

☐ Separated, divorced, or widowed       _____ parent _____ student

   Marital Status: ________ Effective date of Marital Status: ______________

   Income earned by spouse in 2009 up to date of effective status: ______________
**Instructions:** The chart below is required if you are requesting adjustments to your *Estimated Family Contribution*. Based on your FAFSA status of dependent or independent status, enter values in the appropriate columns. Enter a zero (0) in any box with no income. Please DO NOT leave any space blank. DO NOT include Federal Work Study dollars.

<table>
<thead>
<tr>
<th></th>
<th>Mother (for dependent student only)</th>
<th>Father (for dependent student only)</th>
<th>Student (for independent students only)</th>
<th>Spouse (for independent students only)</th>
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</thead>
<tbody>
<tr>
<td><strong>GROSS earnings from Jan. 1, 2009 – Dec. 31, 2009</strong></td>
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<td><strong>Other taxable income (2009):</strong> unemployment compensation, taxable social security benefits, interest and/or dividend income, taxable pensions/annuities, IRA distributions, tax exempt interest income, etc.</td>
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<td><em><em>Untaxed income</em> (2009):</em>*</td>
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<td>Payments to Tax deferred pension/savings plans</td>
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<td>Self-employment payment: IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans</td>
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<td>Child support received</td>
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<td>Tax-exempt Interest income</td>
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<td>Untaxed IRA distributions</td>
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<td>Untaxed pensions (excludes rollovers)</td>
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<td>Military allowance: Housing, food, other living allowances paid to members of the military, clergy, others (including cash payments + value of benefits).</td>
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<td>Veterans’ non-education benefits such as Disability, Death Pension, or Dependency &amp; Indemnity Compensation +/or VA Educational Work-Study</td>
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<tr>
<td>Other unreported, untaxed income</td>
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</table>

* Don’t include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

**AFFIRMATION STATEMENT (SIGN & DATE)**
My signature below indicates that information on this form and the supporting documentation submitted are true and accurate to the best of my knowledge. I authorize the Office of Student Financial Aid Services to verify this information. I understand that providing false information can result in the cancellation or repayment of financial aid.

I understand that increasing my **COA does not allow for an increase in any financial aid award if I have already been awarded the maximum annual Direct Stafford loan amount**. However, I may pursue private/alternative loan options up to the new COA. I understand that **decreasing my EFC may impact the Pell grant or enable me to receive more subsidized Stafford funds if I have not received the maximum amount**. All steps taken above are dependent upon my submission of appropriate and complete documentation necessary for review of this special circumstance appeal.

**Signature of Student + Date:**

**Signature of Spouse + Date:**

**Signature of Parent + Date:**

My SCF appeal contains the following: [ ] Appeal Form  [ ] Narrative  [ ] Supporting Documentation  [ ] Signed Federal Tax Return(s)