



## Special Circumstances Appeal Form 2009-2010

---

Office of Financial Aid, 3800 Victory Parkway, Cincinnati, OH 45207 Phone: 513-745-3142 Fax: 513-745-2806

**YOU ARE REQUIRED TO FILE A 2009-2010 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) BEFORE SUBMITTING THIS FORM TO STUDENT FINANCIAL AID. YOU CAN COMPLETE THE FAFSA ONLINE AT [WWW.FAFSA.ED.GOV](http://WWW.FAFSA.ED.GOV).**

You indicated that you and/or your family have experienced a significant change in your financial situation during 2009. The Office of Financial Aid may be able to re-evaluate your eligibility for financial aid for the 2009-2010 academic year. This re-evaluation will be based on the information you provide with this application. It is important for you to know that not all changes in circumstances will result in an adjustment to your aid eligibility.

### WHAT YOU NEED TO DO:

1. Review the circumstances listed in Sections I through IV of this application and choose one that applies to your situation.
2. If you believe you may be eligible for a review, gather all the documentation that is required for your situation as indicated in the section that pertains to you.
3. Complete Sections V, VI, and VII.
4. Return all required supporting documentation and **Sections V, VI, and Verification Worksheets** to the Office of Financial Aid, 3800 Victory Parkway, Cincinnati, Ohio 45207 or Fax to 513-745-2806.

**NOTE: If any section of a submitted form is incomplete, or submitted without all required documentation, it will be returned to you which will cause a review delay.**

You will be notified electronically regarding the outcome of your Special Circumstance Appeal. You will be notified electronically of the results of your appeal from The Office of Financial Aid.

We will **NOT** consider a reduction in income or additional expenses due to the following:

- One time capital gains or IRA distributions, or one time severance pay
- Capital gains resulting early withdrawal of retirement fund
- Costs related to bankruptcy
- Parent in college expenses
- Loss of windfall income such as lottery, gambling, or bonus income
- Unusual expenses related to personal living such as wedding expenses, credit card bills, home mortgage, school loan payments, car payments, or other miscellaneous consumer expenses

In Sections I through IV you are provided with a list of the documentation that is required for each situation. **If an application is submitted to our office without all required documentation, it will be returned to you.**

| <b>SECTION I: LOSS OF TAXABLE INCOME</b>   |  |
|--|--|
| <b>SITUATION</b>   | <b>DOCUMENTATION REQUIRED</b>  |
| <p>Loss of job (must be unemployed for at least 6 weeks)</p> <p><b>NOTE:</b><br/>If you held more than one job but are no longer working at any of them, you are required to provide verification of nonemployment for each.</p> | <ul style="list-style-type: none"> <li>• Signed copy of 2008 federal income tax return (State or local returns will not be accepted). for parents and student</li> <li>• Copy of all 2008 W-2s</li> <li>• A letter from previous employer indicating employment separation and last day worked</li> <li>• A copy of your last pay stub or a letter from previous employer indicating year-to-date earnings</li> <li>• Statement of benefits from an unemployment agency</li> </ul> |
| <p>Change of job that resulted in a reduction of earnings</p>  | <ul style="list-style-type: none"> <li>• Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parents and student</li> <li>• Copy of all 2008 W-2s</li> <li>• Copy of final pay stub from previous employer or a letter from previous employer stating year-to-date earnings</li> <li>• Copy of most recent pay stub from new employer or a letter stating rate of pay and average hours worked/week.</li> </ul>                       |
| <p>Loss of job due to disability</p>   | <ul style="list-style-type: none"> <li>• Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parents and student</li> <li>• Copy of all 2008 W-2s</li> <li>• Final pay stub or a letter from employer stating year-to-date earnings</li> <li>• Letter from a physician confirming disability and prognosis for returning to work</li> <li>• Documentation of monthly income benefits received or anticipating receiving</li> </ul>    |
| <p>Loss of wages due to Permanent Wage Reduction<br/>Loss of Commissions<br/>Loss of Mandatory Overtime</p>  | <ul style="list-style-type: none"> <li>• Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parents and student</li> <li>• Copy of all 2008 W-2s</li> <li>• Most recent pay statement</li> <li>• Letter from company stating permanent wage reduction</li> <li>• Letter from company stating permanent overtime reduction</li> <li>• Letter from company stating commissions lost based on economic downturn</li> </ul>              |

## SECTION II: LOSS OF UNTAXED INCOME

### SITUATION

### DOCUMENTATION REQUIRED

Loss of Social Security benefits

- Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parents and student
- Copy of all 2008 W-2s
- Copy of Social Security benefits termination letter
- Copy of most recent benefits letter stating monthly amount of benefits received prior to termination OR most recent SSA form 1099

Loss of child support

- Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parents and student
- Copy of all 2008 W-2s
- Copy of letter from child support enforcement agency stating date of emancipation of minor
- Documentation from child support enforcement agency stating monthly amount of child support received prior to emancipation of minor
- Documentation stating new monthly amount of child support receiving for other minor children (if applicable)

**NOTE: MONEY IN ARREARS IS NOT CONSIDERED.**

Loss of Workers' Compensation

- Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parents and student
- Copy of all 2008 W-2s
- Copy of Worker's Compensation benefits termination letter
- Documentation verifying monthly benefit amount received prior to termination

### SECTION III: LOSS OF A FAMILY MEMBER

| SITUATION   | DOCUMENTATION REQUIRED  |
|---|---|
| Death of a parent or spouse after FAFSA has been filed  | <ul style="list-style-type: none"> <li>• Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parents and student</li> <li>• Copy of all 2008 W-2s to separate out income</li> <li>• Copy of an official death certificate or obituary notice</li> </ul>  |
| Divorce or separation after FAFSA has been filed<br><br>The couple may not be residing in the same household. | <ul style="list-style-type: none"> <li>• Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parents and student</li> <li>• Copy of all 2008 W-2s to separate out income</li> <li>• Documentation to verify the divorce/separation which may include court judgment entry, letter from attorney or clergy person.</li> <li>• Documentation verifying custody of minor children involved</li> <li>• Documentation verifying child support receiving for minor children</li> </ul> |

### SECTION IV: ADDITIONAL EXPENSES

| SITUATION  | DOCUMENTATION REQUIRED  |
|--|---|
| Medical, dental, vision, prescription expenses NOT covered by insurance<br><br>Medical expenses must be PAID.<br>Anticipated medical expenses will not be considered<br><br>Insurance premiums not paid by an employer may be considered | <ul style="list-style-type: none"> <li>• Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parent and student</li> <li>• A copy of IRS Schedule A - Itemized Deductions (if filed with IRS 1040 tax return)</li> <li>• Copy of all 2008 W-2s</li> <li>• If you did not file a Schedule A – Itemized Deductions, submit an itemized list of medical expenses paid AND copies of receipts or canceled checks for each medical expense listed.</li> <li>• <b>NOTE: EXPLANATION OF BENEFITS FROM YOUR INSURANCE COMPANY WILL NOT BE CONSIDERED AS PROOF OF PAYMENT.</b></li> </ul> |
| Private School Tuition Paid  | <ul style="list-style-type: none"> <li>• Signed copy of 2008 federal income tax return (State or local returns will not be accepted.) for parents and student</li> <li>• Copy of all 2008 W-2s</li> <li>• Required Documentation: Statement or letter from the school showing actual tuition amount paid for the 2008-2009 school year. Amount paid must be greater than \$10,000. Do not include student(s) attending college in 2009-2010.</li> </ul>   |



**2009-2010  
SPECIAL CIRCUMSTANCES APPEAL  
SECTION V**

Office of Financial Aid, 3800 Victory Parkway, Cincinnati, OH 45207 Phone: 513-745-3142 Fax: 513-745-2806

You have indicated that there are special circumstances in your family's financial situation which affect your ability to pay for your Xavier education. If you wish to have these reviewed, please select the appropriate circumstances. You may choose options from either Section I, II, or III or Section IV, but not both. Once completed, submit this form along with all required documentation. **Please understand that filing this form may not necessarily result in an increase in your financial aid.**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Daytime Phone Number**

\_\_\_\_\_  
**E-mail Address**

Anyone requesting a special circumstances consideration must also complete a 2009-2010 Verification Worksheet and submit signed copies of parents' 2008 federal income tax returns (for dependent students) and student's 2008 federal income tax returns. Once all required documents are received, you will be contacted within 7-10 business days.

**Projected 2009 Income**

| Projected 2009 Income                                | Mother(dependent students) | Father(dependent students) | Student | Spouse(independent students) |
|--|----------------------------|----------------------------|---------|------------------------------|
| Gross earnings from work from 1/1/2009 until today   |                            |                            |         |                              |
| Gross earnings from work from today until 12/31/2009 |                            |                            |         |                              |
| Unemployment compensation                            |                            |                            |         |                              |
| Taxable social security benefits                     |                            |                            |         |                              |
| Interest and/or dividend income                      |                            |                            |         |                              |
| Taxable pensions/annuities, IRA distributions        |                            |                            |         |                              |
| Other taxed income                                   |                            |                            |         |                              |
| Tax exempt interest income                           |                            |                            |         |                              |
| <b>Total Taxable Income</b>                          |                            |                            |         |                              |
| Workers' compensation                                |                            |                            |         |                              |
| Child support received                               |                            |                            |         |                              |
| Contributions to tax-deferred IRA/pensions           |                            |                            |         |                              |
| Untaxed welfare/social security benefits             |                            |                            |         |                              |
| Other untaxed income                                 |                            |                            |         |                              |
| <b>Total Untaxable Income</b>                        |                            |                            |         |                              |



# 2009-2010 Verification Worksheet

## Federal Student Aid Programs

Your application was selected by the U.S. Dept. of Education for review in a process called “verification.” In this process, we are required by federal law (34 CFR, Part 668) to compare the information from your application with the information provided on this form and with signed copies of your 2008 federal tax forms (and your spouse’s if you are married, or parents’ if you are considered dependent for federal aid purposes). If there are differences between your application and the documents you’ve submitted, corrections may need to be made. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

**What you should do:**

1. Collect your (and your spouse’s or parents’) financial documents (signed Federal income tax forms, etc.).
2. **Complete all sections and sign the worksheet** – you (and your parent if you are required to provide their income information).
3. Contact us if you have questions about completing this worksheet.
4. Bring, mail, or fax the completed worksheet, tax forms, and any other documents to our office.
5. We will review the information on these documents and make corrections if necessary.

### A. Student Information

|                                 |                       |             |   |                 |
|---------------------------------|-----------------------|-------------|---|-----------------|
| <i>Last Name</i>                | <i>First Name</i>     | <i>M.I.</i> | <i>Social Security Number</i>           |                 |
| <i>Address (include apt. #)</i> |                       | <i>City</i> | <i>State</i>                            | <i>Zip Code</i> |
| <i>Date of Birth</i>            | <i>E-mail Address</i> |             | <i>Phone Number (include area code)</i> |                 |

### B. Family Information

- Independent Students:** List the people in your household, include: (a) yourself, and your spouse if you have one; and (b) your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010; and (c) other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.
- Dependent Students:** List the people in your parents’ household, include: (a) yourself and your parent(s) (including stepparent) even if you don’t live with your parents; and (b) your parents’ other children, even if they don’t live with your parent(s), if (1) your parents provide more than half of their support from July 1, 2009 through June 30, 2010, or (2) the children would be required to provide parental information when applying for Federal student aid; and (c) other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

**Write the names of all household members.** Also write in the name of the college for any family member, excluding your parent(s), who will be attending college at least half-time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

| Full Name                    | Age       | Relationship | College                |
|------------------------------|-----------|--------------|------------------------|
| <i>Example: Martha Jones</i> | <i>24</i> | <i>Wife</i>  | <i>City University</i> |
|                              |           | Self         |                        |
|                              |           |              |                        |
|                              |           |              |                        |
|                              |           |              |                        |
|                              |           |              |                        |

## C. Tax Forms and Income Information

- All tax filers must submit a **signed** copy of all 2008 Federal Income Tax returns which include the 2008 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return for those people checked below:

You                       Your spouse                       Your father (step)                       Your mother (step)

*If you did not keep a copy, call the IRS at 1-800-829-1040. Press "2- Refund or Personal Tax Account" then Press "2 – Personal Tax Account", follow the instructions until given the option to select a " tax return transcript", and then follow the instructions.*

- Check the box for those people who did not and are not required to file a 2008 Federal Income Tax Return. List below your employer(s) and any income received in 2008 (use W-2 forms or other earning statements).

You                       Your spouse                       Your father (step)                       Your mother (step)

| Name of Employer | Student Amount | Spouse or Parent(s) Amount |
|------------------|----------------|----------------------------|
|                  |                |                            |
|                  |                |                            |
|                  |                |                            |

- Both tax filers and non-tax filers must list any untaxed income received in 2008. **Be sure to enter zeros if no funds were received.** (Students see question 47 and/or parents see question 95 of the Free Application for Federal Student Aid (FAFSA)). Failure to complete this section will delay the processing of your financial aid.

| Student (spouse) | Calendar Year 2008  | Parent(s) (step-parent) |
|------------------|---|-------------------------|
|                  | <b>FAFSA Questions 47 and/or 95</b>   |                         |
| \$               | Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings) including, but not limited to, amounts reported on W-2 Form Box 12a - 12d, codes D, E, F, G, H, and S.  | \$                      |
| \$               | IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.  | \$                      |
| \$               | Child support received for all children. Don't include foster care or adoption payments.  | \$                      |
| \$               | Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b.   | \$                      |
| \$               | Untaxed portions of IRA distributions from IRS Form 1040– lines (15a minus 15b) or 1040A– lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.   | \$                      |
| \$               | Untaxed portions of pensions from IRS Form 1040– lines (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.   | \$                      |
| \$               | Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).  | \$                      |
| \$               | Other untaxed income not reported, such as worker's compensation, disability, etc. <b>Don't include</b> student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. | \$                      |

## D. Sign This Worksheet

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student's Signature                      Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature (Dependent Students Only)                      Date \_\_\_\_\_