

## 2023-2024 Special Circumstances Appeal

The FHTC Financial Aid Office recognizes that families may experience a change in their financial situation from the 2021 federal tax information reported on the FAFSA. Through the use of professional judgement, a financial aid administrator may be able to make adjustments to your FAFSA which could result in a recalculation of your federal aid eligibility.

### Student Information

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number	Date of Birth
_____	_____	_____	(____)_____	(____)_____
Address			Home Phone number	Student's Cell Phone number
_____	_____	_____	_____	_____
City	State	Zip Code	Student's Email Address	

### Documentation Required

To ensure consideration of your request, please read the entire form and submit the documentation listed below.

\_\_\_ **Special Circumstances Appeal Form:** submit this document with all appropriate signatures.

\_\_\_ **Appeal Letter:** Provide a letter of appeal detailing your situation with current contact information.

\_\_\_ **Supporting documentation:** 2021 Tax Return Transcript (or DRT used in FAFSA), W-2s, paystubs, tax returns, etc.

### Special Circumstances

Select the situation that applies and submit all appropriate bulleted items from below each box checked.

\_\_\_\_\_ Decrease in student/spouse income (Independent Students)

- Must include an estimate of gross income from work from January 1, 2023 to December 31, 2023. (Complete income worksheet on back) Student \$\_\_\_\_\_ Spouse \$\_\_\_\_\_
- Documentation of income from other sources, such as unemployment compensation
- Copies of most recent pay stubs reflecting the changes to be considered
- Termination notice from employer on letterhead with last date of employment
- Letter of resignation

\_\_\_\_\_ Decrease in parent(s) income (Dependent Students)

- Must include an estimate of gross income from work from January 1, 2023 to December 31, 2023. (Complete income worksheet on back) Student \$\_\_\_\_\_ Parent \$\_\_\_\_\_
- Documentation of income from other sources, such as unemployment compensation
- Copies of most recent pay stubs reflecting the changes to be considered
- Termination notice from employer on letterhead with last date of employment
- Letter of resignation

\_\_\_\_\_ Lump sum distribution or non-recurring income that inflated the Adjusted Gross Income

- Signed itemized statement of how that income was spent
- Copy of 1099-R (for IRA or pension rollover)

\_\_\_\_\_ Divorce/Separation

- Divorce decree/separation agreement if legally separated (must include date of divorce/separation).

## Independent Student/Spouse Information

Attach wage statements from current and/or former employer(s) showing actual earnings for year-to-date 2023.  
Attach any other documentation supporting income sources.

Total Expected Income					
	Actual Amount from 1/1/23 to ___/___/23 (today's date)		Estimated Amount from ___/___/23 (today's date) to 12/31/23		Yearly Amount
Student's gross wages	\$	+	\$	=	\$
Spouse's gross wages	\$	+	\$	=	\$
Other expected income	\$	+	\$	=	\$
Unemployment compensation	\$	+	\$	=	\$
Child support received	\$	+	\$	=	\$
Social Security payments	\$	+	\$	=	\$
<b>Total Estimated 2023 Income</b>					\$

## Dependent Parent(s) Information

Attach wage statements from current and/or former employer(s) showing actual earnings for year-to-date 2023.  
Attach any other documentation supporting income sources.

Total Expected Income					
	Actual Amount from 1/1/23 to ___/___/23 (today's date)		Estimated Amount from ___/___/23 (today's date) to 12/31/23		Yearly Amount
Parent 1 gross wages	\$	+	\$	=	\$
Parent 2 gross wages	\$	+	\$	=	\$
Other expected income	\$	+	\$	=	\$
Unemployment compensation	\$	+	\$	=	\$
Child support received	\$	+	\$	=	\$
Social Security payments	\$	+	\$	=	\$
<b>Total Estimated 2023 Income</b>					\$

## Certification and Signatures

By signing this worksheet, I/we certify that all the information reported on this appeal worksheet is complete and correct to the best of my knowledge. I agree to give proof of all appeal information as indicated above. The student must sign and date.

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

The parent must also sign and date if information was reported on the FAFSA.

\_\_\_\_\_  
Parent's Signature Date

Parent contact information: e-mail: \_\_\_\_\_ phone number: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**