

**PLEASE NOTE:** You must have filed a 2019-2020 Free Application for Federal Student Aid (FAFSA) and have received your results BEFORE submitting this form. All appeals must contain supporting documentation. **Unsigned, incomplete or inadequately documented forms will not be considered.** Submission of an appeal does not imply your request will be approved. **Appeals should be submitted as soon as possible, but no later than mid-term of the semester for which the student is requesting aid. Completing this appeal does not guarantee eligibility for additional student aid.**

Financial need is partially based on the student's and his/her family's gross annual income for a previous tax year. If your income has recently decreased or you have special financial issues that were not taken into account on your FAFSA, we may be able to re-evaluate your financial need based on your projected gross income for the 2019 tax year (January 1, 2019 to December 31, 2019). For dependent students, we consider income for the student and parents. For independent students, we consider income for the student and, if married, the spouse.

You will be notified in writing of the Appeal Committee's decision. **Allow 30 days for review.** Additional time may be needed for review if the Financial Aid Office requests additional information. If we are able to make adjustments, we will submit corrections to your FAFSA data. If you qualify for additional aid based on your adjusted financial need, we will award the additional aid when the correction process is complete. This correction process could take up to two more weeks, depending on the time of year.

#### **WHAT IS A "SPECIAL CIRCUMSTANCE"?**

Special circumstances are usually defined as unexpected events or situations beyond your control. Examples include: inheritance, loss of employment, reduction in hours, loss of benefits such as Social Security or child support, disability, separation or divorce of parents after filing the FAFSA, death of a spouse or parent after filing the FAFSA.

#### **WHAT IS NOT ELIGIBLE FOR APPEAL?**

- Routine personal living expenses (car payments, insurance, credit card bills, mortgage/rent)
- Unusual personal living expenses (wedding costs, legal expenses)
- Reduction in overtime pay
- Bankruptcy
- One-time income from gambling earnings

#### **INSTRUCTIONS**

**★★ Complete this form only if your family's gross income has decreased at least 20% from what it was the FAFSA tax year.**

Complete the appropriate section(s) based upon your family's special circumstances. If you are dependent, you must provide information for yourself and your parent(s). If you are independent, you must provide information for yourself (and your spouse if you are married).

**Submit completed form with required documentation to:**

**WNCC Financial Aid Office • 1601 E. 27<sup>th</sup> Street • Scottsbluff, NE 69361  
(308) 635-6011 • fax (308) 635-6732**

**Secure filedrop <https://docsafe.wncc.edu/filedrop/FINAID>**

Name _____	WNCC Student ID# _____
(please print)	
Mailing Address _____	
City, ST, Zip _____	
DOB or Last 4 SSN digits _____	Phone _____
E-mail _____	

**In addition to completing this form and providing all situation-specific supporting documentation, all appeals must include the following documentation:**

- A typed (or neatly hand-written), signed statement explaining your family’s special circumstances
- Signed** copy of your 2017 and 2018 Federal Income Tax Returns and W-2 forms
- Signed** copy of your spouse’s 2017 and 2018 Federal Income Tax Returns (if married) and W-2 forms
- Signed** copy of your parents’ 2017 and 2018 Federal Income Tax Returns (if dependent) and W-2 forms
- Verification of all untaxed income received in 2017 and 2018
- A copy of the most recent pay stub from each employer (a minimum of four months of 2019 income is recommended)
- Complete the Estimated Income Worksheet on page 4
- Appeals submitted after 12/31/19 must include signed copies of 2019 Federal Income Tax Returns and W-2 forms**

**\*Please note that omitting required documentation may cause delays in your appeal’s review or your appeal may be denied.**

**Section A: Reason for Income Change Appeal (check all that apply)**

- A. Unemployment or reduction of hours or wages**  
 Student, spouse or parent who worked in 2017 is now unemployed or has had work hours and/or wage rate reduced.  
**Required documentation:**
  - Copy of last pay stub(s) from previous employer(s)
  - Copy of letter from employer on letterhead verifying the release from employment or reduction in hours/wages, the date the change became effective and the duration of the reduction if temporary
  - Notice of eligibility or denial for unemployment benefits
  - Copy of disability benefit statement if applicable
  
- B. Medical or dental expenses**  
 You, your spouse or parent made payments for expenses not covered by insurance. **Medical expenses for which you received no insurance or other reimbursement must exceed 11% of the FAFSA-calculated Income Protection Allowance in order to be considered for appeal.**  
**Required documentation:**
  - Submit copies of receipts or billing statements showing amounts for which you received no insurance or other reimbursement, as well as documentation of payment.
  - Total medical expenses for which you received no insurance or other reimbursement(s):  
 \$\_\_\_\_\_.

**C. Retirement**

Student, spouse or parent who worked in 2017 has retired.

**Required documentation:**

- Copy of last pay stub(s) from previous employer(s)
- Copy of retirement benefit statement
- Letter from previous employer on letterhead stating last date of employment

**D. Death of spouse or parent**

Spouse or parent passed away after the FAFSA was filed.

**Required documentation:**

- Copy of death certificate, obituary, or funeral program

**E. Separation or divorce of parents**

Student's parents were married when the FAFSA was filed, but have now separated or divorced.

**Required documentation:**

- Court documentation verifying legal separation or divorce, or letter from attorney documenting that legal proceedings have begun

**F. Reduction or loss of support or benefits**

Student, spouse or parent received support or benefits in 2017 that have been terminated or reduced. Support or benefits may include: worker's compensation, unemployment benefits, child support, Social Security benefits, pensions, etc.

**Required documentation:**

- Last check stub or printout of benefit received
- Letter from agency on letterhead verifying the date and amount of benefit lost

**G. One-time income**

Student, spouse or parent received non-recurring income in 2017 from a pension, IRA, annuity, inheritance, settlement, etc.

**Required documentation:**

- Copy of form 1099 or other statement from paying agency showing the one-time income
- Explain why the one-time income is not available for education expenses; include documentation

**H. Other**

You, your spouse, or parent has other unusual circumstances not listed above.

**Required documentation:**

- Explain the circumstances in detail, including the impact on your ability to pay for your educational expenses
- Attach supporting documentation of the circumstances

<b>Section B: Family's Special Circumstances</b>
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Whose income decreased (check all that apply)?

- Student       Student's spouse       Student's mother       Student's father

What date did the change in circumstance occur? \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Attach a typed, signed personal statement explaining, in as much detail as possible, why you are requesting a change in income. Please list dates and provide appropriate documentation. Be as detailed as possible about the change in your circumstances.**

## Section C: Estimated Income Worksheet

The following sections require you to provide **your expected income for 2019**. Please provide figures for the **entire year**; do not report hourly or monthly wages or income. Include **all** income received from January 1, 2019 until now, and estimate amounts to be received from now until December 31, 2019.

**Do not leave any line blank. List the yearly amount you expect to receive in 2019. If no income is expected to be received from the specific source listed, you MUST write "\$0".**

Type of income	Parent/stepparent projected 2019 income	Student/spouse projected 2019 income
<b>Taxable income</b>		
Student's/father's income from work	\$ _____	\$ _____
Spouse's/mother's income from work	\$ _____	\$ _____
Taxable interest income	\$ _____	\$ _____
Taxable pensions/annuities	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Taxable portion of Social Security	\$ _____	\$ _____
Severance pay	\$ _____	\$ _____
Alimony/spousal support	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
<b>Untaxed income</b>		
Social Security benefits (SSI/SSDI)	\$ _____	\$ _____
Welfare benefits or ADC/TANF	\$ _____	\$ _____
Pensions/annuities (exclude rollovers)	\$ _____	\$ _____
Worker's comp/employer disability	\$ _____	\$ _____
Child support received	\$ _____	\$ _____
IRA / KEOGH contributions	\$ _____	\$ _____
Untaxed interest income	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

**After completing this form, provide all required signatures, attach supporting documentation and submit the information to our office. If any information or documentation is missing or incomplete, your reduction in income request will NOT be processed.**

**Student Certification:**

**By signing below, I/we agree to provide additional information or documentation deemed necessary by the Financial Aid Appeal Committee. I/we further certify that all information contained on the appeal form and in the supporting documentation is true and correct to the best of my/our knowledge. If any of the figures used on this form change, I/we accept the responsibility for contacting the Financial Aid Office in writing with the corrected information. Purposely providing false or misleading information can result in fines, imprisonment, or both. *\*Electronic signatures are not accepted\****

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if applicable)

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_