

D. Reason for Appeal (CHECK THE APPROPRIATE BOX)

Check One	Reason for Appeal	Additional Questions
<input type="checkbox"/>	<p>Reduction or Loss of Employment</p> <p>*Do not complete/submit this form until 8 weeks from the date of the change in circumstances.</p> <p>*Changes may not be considered if income loss is not significant.</p>	<p>Who experienced the Reduction/Loss: _____</p> <p>Date of Reduction or Loss: ___/___/____</p> <p>➤ Name of Employer: _____</p> <p>Has unemployment been received as a result? YES / NO</p> <p>Has severance pay been received as a result? YES / NO</p> <p>Date began new job, if applicable: ___/___/____</p> <p>➤ Name of New Employer: _____</p> <p>➤ Have funds been withdrawn from an IRA/Pension as a result? YES / NO</p>
<input type="checkbox"/>	<p>Legal Separation or Divorce <u>AFTER Filing FAFSA</u></p> <p>*Referring to the marital status of the student or the parents listed on FAFSA.</p>	<p>Who Separated/Divorced (circle one): PARENT OR STUDENT</p> <p>Date of Divorce/Separation: ___/___/____</p> <p>For Dependent Students, which parent did you live with the most during the 12 months prior to filing FAFSA: _____</p>
<input type="checkbox"/>	<p>Death of Parent or Spouse <u>AFTER Filing FAFSA</u></p> <p>*Parent must be a parent that was listed on FAFSA.</p>	<p>Name of Deceased: _____</p> <p>Date of Death: ___/___/____</p>
<input type="checkbox"/>	<p>Significant Medical Expenses Paid Out-Of-Pocket</p> <p>*This category includes nursing home expenses.</p> <p>*Must be paid out-of-pocket in and not reimbursed by insurance.</p>	<p>Who Paid the Medical Expenses: _____</p> <p>Total paid out-of-pocket in 2022: _____</p> <p>Total paid out-of-pocket in 2023: _____</p> <p>Total paid out-of-pocket in 2024: _____</p>
<input type="checkbox"/>	<p><u>One-Time Income Distribution in 2022(ex. IRA or Pension Distribution)</u></p> <p>*Only check if the distribution/withdrawal was a <u>one-time event</u> that was used for <u>hardship</u> and the funds are <u>no longer available</u>.</p>	<p>What were the funds used for:</p> <p>_____</p> <p>_____</p> <p>Were additional funds withdrawn in 2023 or 2024: YES / NO</p>
<input type="checkbox"/>	<p>Other Reason</p> <p>NOTE: The Special Circumstance process is not intended for:</p> <ul style="list-style-type: none"> ✘ Non-essential expenses (vacation, tithing, high mortgage payments, second vehicles, etc.) ✘ Standard living expenses (utilities, cable bills, credit card payments, cell phone, etc.) ✘ Standard maintenance items (lawn care, home repair, gas, etc.) ✘ Any circumstance experienced by the parent not listed on FAFSA. 	<p>Reason:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

E. Projected 2024 Income and Resources (COMPLETE THE TABLE BELOW)

Estimated ANNUAL 2024 Taxable Income	Independent Students Complete these Columns		Dependent Students Complete these Columns	
	Student	Student's Spouse (If married)	Father/Step-Father	Mother/Step-Mother
<u>Type of Income and Resource</u>				
Income Earned from Work	\$			
Unemployment Compensation	\$			
Other Taxable Income (Ex. interest/dividend income, social security benefits, severance payments, rental income, alimony, IRA/401K withdrawals, etc.) Please specify: _____ _____	\$			
Estimated ANNUAL 2024 Untaxed Income	Independent Students Complete these Columns		Dependent Students Complete these Columns	
<u>Type of Income and Resource</u>	Student	Student's Spouse (If married)	Father/Step-Father	Mother/Step-Mother
Child Support received for all children	\$			
IRA deductions and payments to self-employed SEP, SIMPLE and Keogh	\$			
Payments to tax-deferred pension such as 401(K) or 403(B) plans and savings plans (paid directly or withheld from earnings)	\$			
Untaxed portions of pension distributions or withdrawals (excluding rollovers)	\$			
Living allowances paid to military, clergy and others. Include cash payments and cash value of benefits. Don't include the value of on-base military housing or the value of basic military allowance for housing.	\$			
Veteran non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowance	\$			
Other Untaxed Income not reported elsewhere on this form (Ex. worker's compensation, disability, etc.) Please specify: _____ _____	\$			

F. Certification and Signature(s) (Typed/Electronic signatures are NOT accepted)

By signing this form, we certify all the information is true and complete to the best of our knowledge. We agree to document the information reported on this form. We also realize that if unable to provide documentation when asked, the student for whom this form was filed may not receive aid. If dependent, at least one parent must sign this form.

WARNING: If you receive federal or state financial aid based on incorrect information, you will have to pay it back. If you purposely give false or misleading information on any financial form, you may be fined \$10,000, receive a prison sentence, or both.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

G. Notices

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, national origin, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712.