



University of Colorado  
Colorado Springs

# 2016-2017 Aid Year

(Fall 2016, Spring 2017, Summer 2017)

Office of Financial Aid,  
Student Employment, and Scholarships  
Cragmor Hall  
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918

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## Special Circumstance Appeal Form

The Special Circumstance Appeal Form can be used if families have experienced special circumstances which merit recalculating the student's 2016-2017 financial aid eligibility based on projected 2015 income. **Before an appeal can be considered, the student's 2016-2017 Free Application for Federal Student Aid (FAFSA) must be on file with the Office of Student Financial Aid and the student must have received their official 2016-2017 Award Letter.**

Student Last Name

Student First Name

Student ID

**You MUST attach the required documents (see center column below). You may keep this top page for your reference. All documents should be turned in together in order to have your appeal processed in the most timely manner.**

Special Circumstance	Required Documents (All documents MUST be signed)	Reasons for Consideration (All documents MUST be signed)
<b>All Appeals MUST Include:</b> (Check one. If there are multiple reasons, turn in a form for each instance)	Signed written statement detailing the specifics of your circumstance.	
	Submit a complete signed copy of your/spouse's 2015 federal tax return (including schedules).	
	If dependent, submit a complete signed copy of your parent(s) 2015 federal tax return (including schedules).	
	Submit copies of all W-2 forms for student/spouse and parent(s), where applicable.	
Reduction in Income	Projected annual income and benefits form (see 2nd page of this form)	*Must be unemployed for a minimum of three months *Termination / Layoff from job *Significant reduction in work hours *Retirement *Returning to school
	Retirement or unemployment benefits statement(s)	
	Last pay stub from all employers showing year-to-date earnings	
	Termination notice from employer or letter of resignation	
One-Time Income	Projected annual income and benefits form (see 2nd page of this form)	*IRS or 401K distribution *Unusual capital gains *Losses due to natural disaster
	Proof of unusual circumstances that resulted in debt	
	Account statements from the financial institutions showing the balance after distribution	
	Spreadsheet showing the break down of where the funds went	
Medical	Projected annual income and benefits form (see 2nd page of this form)	*Parent or student paid unusual medical expenses out of pocket which were not covered by insurances or already deducted on taxes. Charges not yet paid cannot be considered. If amount was itemized on a tax return (Schedule A) we cannot process a request.
	Explanation of benefits (EOB) statements	
	Proof of medical expenses incurred in the appropriate year which were not covered by insurance	
Death	Projected annual income and benefits form (see 2nd page of this form)	*Parent (if dependent) or spouse (if independent) passes away after the FAFSA has been filed.
	Copy of death certificate	
	Copy of death benefits	
Divorce / Separation	Projected annual income and benefits form (see 2nd page of this form)	*Parent (if dependent) or spouse (if independent) no longer residing in the household due to separation or divorce after the FAFSA has been filed.
	Copy of legal separation agreement or full divorce decree	
Marriage	Projected annual income and benefits form (see 2nd page of this form)	*Student gets married after the 2016-2017 FAFSA has been filed. *Marriage MUST happen prior to December 31, 2016.
	Please include tax transcripts and w2s for yourself and your spouse	
	Marriage certificate	
	For common law marriage: a benefits enrollment/change form with any necessary supporting documentation for dependent eligibility & enrollment (proof of joint checking account, insurance, or taxes filed jointly). Also a notarized statement confirming your marital status.	
Dependency Override	Two letters from professionals on letter head	*An abusive family environment (forms of domestic violence) *Abandonment by parents *Incarceration or institutionalization of both parents
	One letter from a relative	
	Police reports/court documents (if they exist)	



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## Special Circumstance Appeal Form

Student Last Name		Student First Name			Student ID		
Indicate type of appeal which you are submitting reconsideration under:	Reduction in Income	One Time Income	Medical	Death	Divorce/ Separation	Marriage	Dependency Override

### Projected 2016 ANNUAL Income and Benefits Form

Income Source	Student	Student's Spouse	Parent 1	Parent 2
<b>Taxable Income</b>				
Wages, salaries, tips				
Interest Income				
Alimony Received				
Alimony Paid (enter as a negative number)				
Business Income				
IRA Distributions				
Pensions/Annuities				
Royalties, Partnerships, etc.				
Farm Income				
Unemployment Compensation				
Other Income (provide explanation)				
	Student/Spouse AGI		Parent(s) AGI	
<b>Untaxed Income</b>				
Child Support Received				
Child Support Paid (enter as a negative number)				
Tax Deferred Payments to Pension & Retirement Funds				
Veteran's Noneducational Benefits				
Money received or paid on your behalf				
Other untaxed income (provide explanation)				
Housing, food & other living allowances (provide explanation)				
	Student/Spouse Untaxed		Parent(s) Untaxed	
Yearly Total	Student/Spouse Yearly Total		Parent(s) Yearly Total	

By signing your name below and submitting this form, you certify that this information is correct. Should any changes occur to this information, you understand that you must notify the Office of Financial Aid, Student Employment, and Scholarships in writing.

Student Signature

Parent Signature

(if dependent on the FAFSA)

Date



FA PJ Income Appeal