2016-17 Special Circumstance Appeal Instructions

➢ To ensure timely processing:
   1. Check (√) the category(s) that apply to your circumstance.
   2. Attach all of the required documentation for each chosen category.
   3. If the chosen category(s) require the completion of page 2, make sure page 2 line items are complete. Do not leave any line item blank – if zero, answer $0.
   4. For all categories, make sure the required signature is on page 2.
   5. The financial aid file must be complete before your appeal will be processed.*
   6. Put the student’s name and Purdue ID# on every page being submitted.

➢ Income, household size, and asset verification may be required before processing your appeal.*

*All requested verification forms should be submitted with the completed Special Circumstance Appeal form.

Note: The appeal process may take up to four weeks to process, depending on the time of year the appeal is submitted. Students should monitor their myPurdue account on the Financial tab to view their messages for the results of the special circumstance appeal.

Special circumstance appeals are time-sensitive and will not be considered for processing 30 days prior to the end of the student’s enrollment period:

- Fall only enrollment: completed forms must be submitted before November 14, 2016.
- Academic year, spring only and summer 2017 enrollment: completed forms must be submitted before April 3, 2017.
- Processing appeals for incoming freshmen will begin approximately March 17, 2016.
- Processing appeals for upper-class students will begin approximately June 2, 2016.

Questions: call 765-494-5050 Monday – Friday 8am-5pm or e-mail facontact@purdue.edu

Choose only one method of submission to our office:

Fax: 765-494-6707 or Mail: Purdue University
Division of Financial Aid
Schleman Hall, Room 305
475 Stadium Mall Drive
West Lafayette, IN 47907-2050
SPECIAL CIRCUMSTANCE APPEAL FOR PARENTS
2016-17 ACADEMIC YEAR

STUDENT NAME________________________________________ PURDUE ID NUMBER________________________

If this appeal pertains to multiple students at Purdue, West Lafayette or Purdue Polytechnic Institute, please provide their names and Purdue ID numbers.

Parent Name(s)________________________________________

Address _____________________________________________ City__________________________ State___________ Zip__________

Phone___________________________ Parent Email________________________

If the student will be a freshman starting in Fall 2016, check here ☐

PART 1. SELECT THE CATEGORY(S) THAT APPLY TO YOUR CIRCUMSTANCE

INCOME LOSS IN 2016 Due to:

A. ☐ PARENT UNEMPLOYMENT- Only involuntary job loss due to circumstances beyond your control will be considered.
   ✓ Required: Start date of unemployment: Parent 1: _____/_____/______ Parent 2: _____/_____/______
   ✓ Required: A letter from prior employer stating termination date and earnings to date or a copy of your final pay stub with year-to-date figures.
   ✓ Required: COMPLETE AND SIGN PART 2. DO NOT LEAVE ANY LINE ITEMS BLANK.
   ✓ Required: ATTACH AN EXPLANATION IF UNEMPLOYMENT COMPENSATION IS NOT REPORTED IN PART 2, LINE 3.
   ✓ Required: REPORT SEVERANCE PAYMENTS RECEIVED IN 2016 IN PART 2, LINE 1 AND/OR LINE 2 AND INCLUDE IN LINE 4.

B. ☐ PARENT JOB CHANGE – Only involuntary job changes due to circumstances beyond your control will be considered.
   ✓ Required: Start date of job change: Parent 1: _____/_____/______ Parent 2: _____/_____/______
   ✓ Required: A letter explaining the reason for the job change.
   ✓ Required: A letter from your current employer stating 2016 earnings to date and 2016 hourly wage or salary.
   ✓ Required: COMPLETE AND SIGN PART 2. DO NOT LEAVE ANY LINE ITEMS BLANK.
   ✓ Required: REPORT SEVERANCE PAYMENTS RECEIVED IN 2016 IN PART 2, LINE 1 AND/OR LINE 2 AND INCLUDE IN LINE 4.

C. ☐ LOSS OR DECREASE OF CHILD SUPPORT RECEIVED IN 2015
   ✓ Required: Documentation of the loss/decrease in child support received.
   ✓ Required: Total amount of child support you will receive in 2016: $________________________
   ✓ Required: SIGN PART 2. COMPLETION OF LINES 1 – 7 IN PART 2 IS NOT NECESSARY FOR THIS CATEGORY.

D. ☐ PARENTS, WHOSE INFORMATION IS ON THE 2016-17 FAFSA, DIVORCED OR SEPARATED AFTER FILING THE FAFSA
   ✓ Required: A copy of the divorce decree. If separated, a copy of the legal separation document or a statement from your attorney. If this is not a legal separation, you must attach a signed letter detailing separation date, custodial parent and spousal/child support.
   ✓ Required: Documentation of separate addresses (mortgage/lease statements, copy of utility application at new address for parent no longer in the marital home).
   ✓ Required: COMPLETE AND SIGN PART 2. REPORT ONLY CUSTODIAL PARENT INFORMATION IN PART 2.

*E. ☐ PARENT DECEASED AFTER FILING THE 2016-17 FAFSA
   ✓ Required: A death certificate or obituary notice indicating the date of death.
   ✓ Required: COMPLETE AND SIGN PART 2. REPORT ONLY SURVIVING PARENT INFORMATION IN PART 2.
EXTRAORDINARY EXPENSES PAID OUT-OF-POCKET IN 2015

F. □ PARENTS PAID MEDICAL/DENTAL EXPENSES IN 2015 THAT WERE NOT REIMBURSED BY INSURANCE
   ✔ Required: A copy of your 2015 Schedule A if medical expenses were part of your itemized deductions OR Copies of medical receipts or cancelled checks showing out-of-pocket payments made in 2015. Hand-written statements/spreadsheets are not acceptable. Billing statements showing “balance due” or insurance statements showing “amount not covered” or “patient’s responsibility” are not acceptable.
   ✔ Required: SIGN PART 2. COMPLETION OF LINES 1 – 7 IN PART 2 IS NOT NECESSARY FOR THIS CATEGORY.

<table>
<thead>
<tr>
<th>PART 2. INCOME QUESTIONS. If the category(s) of your special circumstance require the completion of this section, answer all questions. Do not leave any line item blank – if zero, answer $0.</th>
<th>Actual &amp; Estimated Gross Amounts Received from January 1, 2016 to December 31, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 WAGES PARENT 1 WILL EARN IN 2016</td>
<td>$</td>
</tr>
<tr>
<td>▶ Include your business and/or farm income and any severance pay.</td>
<td></td>
</tr>
<tr>
<td>2 WAGES PARENT 2 WILL EARN IN 2016</td>
<td>$</td>
</tr>
<tr>
<td>▶ Include your business and/or farm income and any severance pay.</td>
<td></td>
</tr>
<tr>
<td>3 UNEMPLOYMENT COMPENSATION</td>
<td>$</td>
</tr>
<tr>
<td>▶ Required for Category A: attach a note of explanation if you are not receiving unemployment benefits.</td>
<td></td>
</tr>
<tr>
<td>4 TOTAL 2016 ADJUSTED GROSS INCOME</td>
<td>$</td>
</tr>
<tr>
<td>▶ Total lines 1-3 and include all other estimated taxable income, such as alimony, taxable pensions and annuities, rental real estate/royalties, severance pay, S corporations, social security, life insurance benefits, etc.</td>
<td></td>
</tr>
<tr>
<td>5 PAYMENTS TO TAX-DEFERRED PENSION/SAVINGS PLANS</td>
<td>$</td>
</tr>
<tr>
<td>▶ Paid directly or withheld from earnings.</td>
<td></td>
</tr>
<tr>
<td>▶ Including, but not limited to, amounts that will be reported on the W-2 boxes 12a through 12d, codes D, E, F, G, H, and S in 2016.</td>
<td></td>
</tr>
<tr>
<td>6 IRA DEDUCTIONS/PAYMENTS TO SELF-EMPLOYED SEP, SIMPLE, KEOGH, AND OTHER QUALIFIED PLANS IN 2016</td>
<td>$</td>
</tr>
<tr>
<td>7 UNTAXED INCOME</td>
<td>$</td>
</tr>
<tr>
<td>▶ Including, but not limited to, worker’s compensation, disability, IRA distributions, etc.</td>
<td></td>
</tr>
<tr>
<td>▶ Do not include student financial aid, earned income credit, additional tax credit, welfare payments, untaxed Social Security benefits, combat pay, benefits from flexible spending arrangement (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.</td>
<td></td>
</tr>
</tbody>
</table>

I CERTIFY THAT ALL THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE. IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU MAY BE FINED UP TO $20,000, SENT TO PRISON, OR BOTH.

Parent Signature: ___________________________ Date: ___________________

PART 3. SUBMIT VIA ONE METHOD ONLY TO:

**EMAIL**
facontact@purdue.edu

**FAX**
(765) 494-6707

**MAIL**
Schleman Hall of Student Services, Room 305
475 Stadium Mall Drive
West Lafayette, IN 47907

OFFICE USE ONLY: Form processed by: ___________________________ Date: ___________________