



**Special Circumstances Appeal  
DEPENDENT STUDENT 2022-2023 Academic Year**

***Dependent Student Special Circumstances appeals may be submitted if a student or parent have experienced a significant involuntary loss of income, or have incurred unusual non-discretionary expenses (i.e. medical or dental expenses that are required and are not covered by insurance).*** Official documentation must be provided to support that the loss of income is involuntary or the unexpected and required medical/dental expenses resulted from unforeseen circumstances that were not within your control. USW will review your appeal and provide Professional Judgment consideration toward recalculating the Expected Family Contribution (EFC) amount provided to USW on your FAFSA (Free Application for Federal Student Aid) generated Institutional Student Aid Report (ISAR).

**Student Name:** \_\_\_\_\_ **USW Student ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address City State Zip Code

**Name of Individual to Whom Special Circumstances Apply:** \_\_\_\_\_

**Is the individual to whom Special Circumstances apply the Student, a parent, or both:** Student Parent  
Circle as Appropriate

All appeals for consideration of Special Circumstances must be received by USW's Financial Aid Office **within 30 calendar days from the start of fall or spring semesters** and may take four to five weeks to review.

**SECTION 1 - Required Items – For your appeal to be reviewed you must:**

1. Have a completed 2022-2023 FAFSA (Free Application for Federal Student Aid) on file with USW.
2. Include the following information and documents. Appeals not including the following information will not be reviewed:

A detailed written explanation and documentation substantiating your written explanation as to why you are requesting a review of special circumstances and a recalculation of your Expected Family Contribution amount.

Official documentation substantiating that either your, or your parent, loss of income was involuntary or that non-discretionary (medical/dental) expenses were **required** and are a result of unforeseen circumstances that were beyond your control.

Include IRS Federal Tax Return Transcripts and W2 forms for the student and the parent for the tax year of the FAFSA that you are appealing. Tax Return Transcripts can be ordered from the IRS free of charge at [www.irs.gov](http://www.irs.gov) or call 1-800-908-9946.

Official documentation for any change to you, or your parent, income (termination notice, new and/or recent pay stubs or earning statements, unemployment benefits letter, etc.)

**SECTION 2 – Mitigating Circumstances and Documentation – Indicate which of the following circumstances apply to you and attach the supporting documentation. Appeals without supporting documentation will not be reviewed.**

**Involuntary Loss of Job or Change of Job** (allow at least four weeks from loss of job to finalize unemployment or new employment). Note; voluntarily leaving a job or changing a job may be considered but is not, by itself, an acceptable reason to adjust financial information. Additional reasons and documentation must be provided when voluntarily leaving a job. **Attach copies of all of the following items:** Termination notice; last pay stub; unemployment statement (including weekly amount and the start and end date of benefits). List all employers and income earned; provide official documentation for any new employment.

**Loss of Benefits** (Social Security, SSI, unemployment, etc.) - Attach copies of official notification of termination of any special benefit.

**Death of Family Member** - Attach a copy of death certificate; documentation of loss of income of person who is deceased.

**Divorce or Legal Separation** - Attach a copy of divorce decree or other documentation of legal separation and provide information on alimony, child support, or other type of payments - ***Provide documentation of separate residences.***

**Unusual Medical/Dental Expenses** - Attach copies of Schedule C of the applicable tax return, receipts of out-of-pocket expenses and proof of regularly scheduled payments. Provide a statement of all expenses minus insurance payment.

**SECTION 3 - Record your family’s sources of income for a 12-month period.**

**Deadlines**

Petitions for Income Reduction/Unusual Expenses for 2022-23 will be accepted June 1 – November 30, 2022 and January 31 – June 30, 2023. Petitions submitted after January 31, 2023 must include a signed copy of the 2021 federal tax return (if not required to file taxes, a copy of 2021 W2s).

Record the financial resources and the monthly dollar amount that was received or is estimated for the entire 12 month period. Be sure to include ALL sources of income, including wages, unemployment compensation, disability, (SSI) Social Security payments, pensions, personal loans, alimony, child support, draw downs from business account(s), draw downs on savings account(s), cash received from relatives/friends, other income.

Taxable Income (Both student and Parents)	Amount Earned per week or month	Start and End Date for receipt of this income.	Approximate total of income received.
Gross Income Student:			
Gross Income Parent((s)			

Interest Dividends (Student and Parents)			
Unemployment Benefits (Student and Parents)			
Alimony			
Withdrawal Retirement funds (IRA, 401K, etc.)			
<b>Untaxable Income (Both Student and Parents)</b>			
Projected Earned Income Credit:			
Project Child Tax Credit:			
TANF (Welfare not SNAP):			
Social Security (any form of SSI):			
<b>Other Untaxable Income (Both Student and Parents)</b>			
Payment to tax-deferred pension/savings			
IRA and Keough deductions and payments			
Child Support RECEIVED			
Tax Exempt Interest Income			
Untaxed portion of pensions			
Veterans' NON-Education Benefits			
Worker's Compensation			
Cash Received or Paid on Student or Spouse behalf			
Housing, Food and other living allowances for military and clergy			
<b>TOTAL PROJECTED INCOME:</b>			

<b>EXCLUSIONS</b>	<b>Amount Earned Per week or month</b>	<b>Start and End Date for receipt of this income.</b>	<b>Approximate total of income received.</b>
Child Support PAID			
Taxable Earnings from Work-study			

**SECTION 5 - Signatures**

I (We) certify that the information on this form and the accompanying documentation is accurate and complete to the best of my (our) knowledge.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do Not email PPI information to USW as our email is not secure.**

Mail all documents to: USW, Financial Aid Office, 6610 N Lovington Hwy. Ste. 507, Hobbs, NM 88240