Office of Financial Aid, Student Employment, and Scholarships Cragmor Hall 1420 Austin Bluffs Parkway Colorado Springs, CO 80918 Phone: 719-255-3460 Email: finaidse@uccs.edu Web: finaid.uccs.edu



2022-2023 Aid Year

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(Fall 2022, Spring 2023, Summer 2023)

Special Circumstance Appeal Form

The Special Circumstance Appeal Form can be used if families have experienced special circumstances which merit recalculating the student's 2022-2023 financial aid eligibility based on 2021 income. Before an appeal can be considered, the student's 2022-2023 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 2022-2023 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.

	iocuments should be turned in together in order to have your appear pre-	in the most timely mannen										
Special	Required Documents	Reasons for Consideration										
Circumstance	(All documents MUST be signed)	(All documents MUST be signed)										
All Appeals	Signed written statement detailing the specifics of your circumstance											
MUST Include: (Check one. If there	Submit a complete signed copy of your/spouse's 2020 and 2021 federal tax returns (including schedules)											
are multiple reasons,	If dependent, submit a complete signed copy of your parent(s) 2020 and 2021 federal tax returns (including schedules)											
turn in a form for each instance)	Submit copies of all W-2 forms for student/spouse and parent(s), where applicable											
	Projected annual income and benefits form (see 2nd page of this form)	Reduction in Income during 2021 due to:										
Reduction in Income	Retirement or unemployment benefits statement(s)	*Must be unemployed for a minimum of 3 months *Termination / Layoff from job *Significant reduction										
	Last pay stub from all employers showing year-to-date earnings											
	Termination notice from employer, letter of resignation, or DD214	work hours *Retirement *Returning to school										
One-Time	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											
_	Projected annual income and benefits form (see 2nd page of this form)	*Parent or student paid unusual medical expenses of										
	Explanation of benefits (EOB) statements	of pocket which were not covered by insurances or										
Medical	Proof of medical expenses incurred in the appropriate year which were	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.										
	not covered by insurance											
	Projected annual income and benefits form (see 2nd page of this form)											
Death	Copy of death certificate	*Parent (if dependent) or spouse (if independent) passes away after the FAFSA has been filed.										
	Copy of death benefits	passes away alter the FAI SA has been hied.										
Divorce /	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.										
Separation	Copy of legal separation agreement or full divorce decree											
Marriage	Projected annual income and benefits form (see 2nd page of this form)											
	Copies of your/spouse's 2020 Tax Return Transcripts and 2020 W-2	*Student gets married after the 2022-2023 FAFSA has been filed. *Marriage MUST happen prior to Decem- ber 31, 2022.										
	Marriage certificate											
	For common law marriage: a benefits enrollment/change form with any											
	necessary supporting documentation for dependent eligibility & enroll-											
	ment (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										
	One letter from a relative											
		institutionalization of both parents										

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2022-2023 Aid Year (Fall 2022, Spring 2023, Summer 2023)

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 Tim Income	ne	Medical		Death		Divorce/ Separation		Marriage		Depender Override		
2021 (actual) ANNUAL Income & Benefits Form— Enter "0" for any fields that do not apply.														
Income Source				Student Student's Spo				ouse Parent 1				Parent 2		
Taxable Income – Please complete all fields. Enter "0" for any fields that do not apply.														
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											
	Untaxed Inc	ome – Pleas	e comple	ete all fields. E	nter	"0" for any fie	elds	that do not app	oly.					
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)			_											
				dent/Spouse Un						Jntaxed				
Year	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

Please do not email sensitive information such as tax returns listing social security numbers or other personally identifiable information. You should always redact social security numbers, but always list the UCCS student ID number and student name on all documents submitted. UCCS Financial Aid provides a secure file upload system to submit your information and safeguard your personal data. Visit https://finaid.uccs.edu/upload