

2017-18 SPECIAL CONDITIONS APPEAL

(2017-2018 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

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CCC ID#					Last Name															First Name															MI										
Mailing Address															City															State					Zip Code										
-																																													
Telephone No. (include area code)															Email Address																														

This form is accepted from **July 1, 2017 – November 15, 2017** and from ***February 1, 2018 – June 30, 2018**.
 *Students appealing for the 2017 calendar year and are submitting the appeal after November 15, 2017, must submit their 2017 Tax Return Transcripts and 2017 W-2's for the Student / Parent / Spouse.

If your financial situation has changed since 2015, you may complete this form to request a FAFSA adjustment for the 2017-18 school year. You may request an adjustment to your income based on your actual 2016 earnings OR your estimated 2017 earnings. The Financial Aid Office can help you determine which scenario will more accurately reflect your ability to pay for college. Professional judgment evaluations are made on a case-by-case basis and do not guarantee eligibility for aid. **Allow 10 business days after the financial aid file has been verified for the appeal to be reviewed; if corrections are required during initial verification, the process will be delayed.**

All appeals must include the following documentation:

- A signed and dated statement explaining your appealable situation. If both parent(s) and student have experienced a change, each must submit their own signed statement with this completed form. Please be specific and include pertinent details (e.g. what has changed, why the change occurred, and the dates changes occurred.)
The specific details help us to better understand your particular situation.
- A copy of 2015 Tax Return Transcripts for the student/parent(s)/spouse if the Data Retrieval Option on the FAFSA was not used.
- Copies of all 2015 W-2's for student/parent(s)/spouse.
- Dependent / Independent Verification Form 2017-2018 (available at CCC website under Financial Aid Forms page)

In the table below, check the special circumstance that applies to you or your family situation.

Special Circumstance	Dependent Students	Independent Students	Additional Required Documentation
<input type="radio"/> Reduction or loss of employment or untaxed benefits	Your parent(s) or your income earned in 2016 or 2017 is less than that earned in 2015.	You (and/or your spouse's) income earned in 2016 or 2017 is less than that earned in 2015.	<ul style="list-style-type: none"> • 2016 W-2's (Student /Parent/Spouse – only if appealing to use 2016 income) • 2016 Tax Return Transcript– only if appealing to use 2016 income • Final or Current Paystub with Year to Date Earnings (Student /Parent/Spouse) – only if appealing 2017 income • Termination letter from employer (if applicable) • Unemployment Benefit Summary (if applicable)
<input type="radio"/> Change in marital status Date of Change: _____	Your parents were married; separated; divorced; or widowed after the FAFSA was filed.	You were married; separated; divorced or widowed after the FAFSA was filed.	<p><i>Provide documentation applicable to your situation:</i></p> <ul style="list-style-type: none"> • Copy of Marriage Certificate • Copy of Divorce decree or legal separation • Proof of separate residence for both parties • Copy of Death Certificate (if applicable)
<input type="radio"/> One time payment received	You or your parent(s) received a one-time payment (lump sum) in 2015.	You (and your spouse) received a one-time payment (lump sum) in 2015.	<ul style="list-style-type: none"> • Write a statement and provided documents detailing loss of one-time payment.

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Before an adjustment can be made to your status, you must provide complete information regarding the change in 2015 financial circumstances for you, you and your spouse you and your parents. Please provide the actual amounts for 1/1/2016 to 12/31/16 or the best possible estimates for 1/1/2017 to 12/31/17. During the processing of this appeal, we may request additional documentation from you, your spouse or your parent.

I am asking for an adjustment to my FAFSA based on income/information from the:

- 2016 – You will list actual earnings received in 2016.
- 2017 – You will list actual and estimated earnings received from January 1, 2017 December 31, 2017.

List Yearly Amounts Below				
2016 or 2017 Taxable income	Student	Spouse	Parent 1	Parent 2
Wages, Salaries, Tips, earned income (This must be the actual amounts)	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Business / Farm Income (Loss)	\$	\$	\$	\$
Veterans Non-Educational Benefits	\$	\$	\$	\$
Other Taxable Income (Severance pay, Alimony, Capital Gains, etc.) List Source: _____	\$	\$	\$	\$
Other Taxable Income (Severance pay, Alimony, Capital Gains, etc.) List Source: _____	\$	\$	\$	\$
2016 or 2017 Untaxed income	Student	Spouse	Parent 1	Parent 2
Disability / Worker's Compensation	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Other Non-Taxable Income List Source: _____	\$	\$	\$	\$
Other Non-Taxable Income List Source: _____	\$	\$	\$	\$

Requests will be denied if all required documentation is not submitted. Please ensure you have submitted all required documentation with this appeal form.

Statement of Certification: *I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges.*

Student Signature

Date

Parent Signature

Date