

## 2018-19 SPECIAL CONDITIONS APPEAL

(2018-2019 Academic Year)

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

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

This form is accepted from **July 1, 2018 – November 15, 2018** and from **\*February 1, 2019 – June 30, 2019**.  
 \*Students appealing for the 2018 calendar year and are submitting the appeal after November 15, 2018, must submit their 2018 Tax Return Transcripts and 2018 W-2's for the Student / Parent / Spouse.

If your financial situation has changed since 2016, you may complete this form to request a FAFSA adjustment for the 2018-19 school year. You may request an adjustment to your income based on your 2017 actual earnings OR your 2018 estimated 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 from both parent(s) and student. Both 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 2016 Tax Return Transcripts for the student/parent(s)/spouse if the Data Retrieval Option on the FAFSA was not used.
- Copies of all 2016 W-2's for student/parent(s)/spouse.
- Dependent / Independent Verification Form 2018-2019 (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"/> <b>Reduction or loss of employment or untaxed benefits</b>	Your parent(s) or your income earned in 2017 or 2018 is less than that earned in 2016.	You (and/or your spouse's) income earned in 2017 or 2018 is less than that earned in 2016.	<ul style="list-style-type: none"> <li>• 2017 W-2's (Student /Parent/Spouse – only if appealing to use 2017 income)</li> <li>• 2017 Tax Return Transcript– only if appealing to use 2017 income</li> <li>• Final or Most Current Paystub for Student/Parent/ Spouse with Year to Date Earnings – only if appealing 2018 income</li> <li>• Termination letter from employer (if applicable)</li> <li>• Unemployment Benefit Summary (if applicable)</li> </ul>
<input type="radio"/> <b>Change in marital status</b>  Date of Change: _____	Your parents were married; separated; divorced; or widowed <b>after</b> the FAFSA was filed.	You were married; separated; divorced or widowed <b>after</b> the FAFSA was filed.	<p><i>Provide documentation applicable to your situation:</i></p> <ul style="list-style-type: none"> <li>• Copy of Marriage Certificate</li> <li>• Copy of Divorce decree or legal separation</li> <li>• Proof of separate residence for both parties</li> <li>• Copy of Death Certificate (if applicable)</li> </ul>
<input type="radio"/> <b>One time payment received</b>	You or your parent(s) received a one-time payment (lump sum) in 2016.	You (and your spouse) received a one-time payment (lump sum) in 2016.	<ul style="list-style-type: none"> <li>• Write a statement and provided documents detailing loss of one-time payment.</li> </ul>

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Before an adjustment can be made to your status, you must provide complete information regarding the change in 2016 financial circumstances for you, you and your spouse you and your parents. Please provide the actual amounts for 1/1/18 to 12/31/18 or the best possible estimates for 1/1/18 to 12/31/18. 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:

- 2017 – You will list earnings received in 2017 from 2017 W-2's and/or 2017 Tax Return Transcript.
- 2018 – You will list actual and estimated earnings received from January 1, 2018 December 31, 2018.

List Yearly Amounts Below				
2017 or 2018 Taxable income	Student	Spouse	Parent 1	Parent 2
Actual earned income from 1/1/18 - today	\$	\$	\$	\$
Estimated income from today – 12/31/18	\$	\$	\$	\$
<b>TOTAL earned and estimated income for 2018</b>	\$	\$	\$	\$
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: _____	\$	\$	\$	\$
2017 or 2018 Untaxed income	Student	Spouse	Parent 1	Parent 2
Disability / Worker's Compensation	\$	\$	\$	\$
Child Support <b>Received</b>	\$	\$	\$	\$
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 (Required for Dependent Students)

\_\_\_\_\_  
Date