

# SPECIAL CONDITIONS APPEAL

## (2022-2023 Academic Year)



Scan the code on your phone and follow instructions to upload this document to CCC.

CCC ID#	Last Name	First Name	MI
Mailing Address		City	ST Zip Code
		@students.coconino.edu	
Phone # (include area code)	CCC Student Email Address		

*If your family's financial situation has changed since 2020, complete this form to request a FAFSA EFC adjustment.*

**Choose your reason for appeal:**

- Family income reduction *(Complete section A)*
- Family size change (divorce, marriage, death, birth of child etc.) *(Complete section B)*
- Extremely high medical expenses *(Complete section C)*
- One-time lump sum payment *(Complete section D)*

**SECTION A: Family income reduction:** I would like to replace my 2020 family income with:

- 2021 income**
  - Attach 2021 signed 1040 Federal Tax Returns with all schedules or an IRS Federal Tax Return Transcript for yourself and spouse if you are considered Independent or for yourself and your parents if you are considered Dependent.
  - Attach 2021 W-2's for yourself and spouse if you are considered Independent or for yourself and your parents if you are considered Dependent.
  - Complete the Family Income Reduction Table below
- 2022 income *(Appeals using 2022 income are accepted between 7/1/22 to 11/15/22 and 2/1/23 to 6/30/23)***
  - From 7/1/22 to 11/15/22:
    - Attach final paystub showing year-to-date earnings for yourself and spouse (if applicable) if you are considered Independent or for yourself and your parents if you are considered Dependent.
    - Reduction in hours or termination letter from employer (if applicable)
    - Unemployment benefit summary (if applicable)
    - Complete the Family Income Reduction Table below
  - From 2/1/23 to 6/30/23:
    - Attach 2022 signed 1040 Federal Tax Returns with all schedules or an IRS Federal Tax Return Transcript for yourself and spouse (if applicable) if you are considered Independent or for yourself and your parents if you are considered Dependent.
    - Attach 2022 W-2's for yourself and spouse (if applicable) if you are considered Independent or for yourself and your parents if you are considered Dependent.
    - Complete the Family Income Reduction Table below

Family Income Reduction Table				
<input type="checkbox"/> 2021 Tax Info is listed below <input type="checkbox"/> 2022 Tax Info is listed below	Student	Spouse	Parent 1	Parent 2
Unemployment Benefits	\$	\$	\$	\$
Business / Farm Income (Loss)	\$	\$	\$	\$
Veterans Non-Educational Benefits	\$	\$	\$	\$
Other Taxable Income (Severance pay, Alimony, Capital Gains, etc.) List Source: _____	\$	\$	\$	\$
Disability / Worker's Compensation	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Other Non-Taxable Income List Source: _____	\$	\$	\$	\$

**SECTION B: Change in family structure**

- A divorce, legal separation, marriage, death, etc. has created a change to our family financial situation. I would like to use my new family structure. Please provide CCC with the following:
  - Attach a copy of marriage certificate (if applicable)
  - Attach a copy of divorce decree or legal separation (if applicable)
  - Attach a copy of proof of separate residence for both parties (if applicable)
  - Attach a copy of death certificate (if applicable)

**SECTION C: Medical Expenses**

- You, your spouse, or your parents incurred uninsured medical expenses in 2020 that exceeded 11% of your AGI
  - Attach copies of paid receipts or cancelled checks (not bills) showing amounts you paid

**SECTION D: One-time lump-sum payment**

- A member of my family received a one-time lump-sum payment in 2020 and I would like it excluded from the FAFSA.
  - Attach documentation explaining loss of one-time payment

**All appeals must include the following documentation:**

- 2020 Tax Return Transcripts for the student/parent(s)/spouse if the Data Retrieval Option on the FAFSA was not used
- Copies of all 2020 W-2's for student/parent(s)/spouse
- [Dependent / Independent Verification Worksheet 2022-2023](#)

*Appeals submitted without all required documentation will be denied. Please allow 10 business days after all required documentation has been received for the appeal to be reviewed.*

*I certify that information provided on this form is true and complete to the best of my knowledge. Purposely giving false or misleading information may result in a delay or denial of my federal financial aid and I may be fined up to \$20,000, sent to prison or both. I hereby provide consent for the use of electronic records and signatures on all financial aid documents. I understand that if I choose to sign electronically, my electronic signature constitutes a binding contract and may not be denied legal effect, validity, or enforceability solely because it is in electronic form or because an electronic signature or electronic record was used in its formation.*

**Student: Draw** your signature with a mouse, touchscreen or pen. Do not type.

Date

**Parent: Draw** your signature with a mouse, touchscreen or pen. Do not type.

Date

Office Use Only				
Changes to file:	<input type="checkbox"/> Income \$	<input type="checkbox"/> Taxes paid	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HHS/# Coll	<input type="checkbox"/> Marital status	<input type="checkbox"/> Untaxed income	<input type="checkbox"/>	New EFC: