



OFFICE OF STUDENT FINANCIAL AID
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SPECIAL CIRCUMSTANCES APPEAL

(2023-2024 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
Phone # (include area code)		CCC Student Email Address @students.coconino.edu	

If your family's financial situation has changed since 2021, 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, the birth of a 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 2021 family income with:

- 2022 income**
 - Attach 2022 signed 1040 Federal Tax Returns with all schedules or an IRS Federal Tax Return Transcript for yourself and your spouse if you are considered Independent or for yourself and your parents if you are considered Dependent.
 - Attach 2022 W-2s for yourself and your spouse if you are considered Independent or for yourself and your parents if you are considered Dependent.
 - Complete the Family Income Reduction Table below.
- 2023 income (Appeals using 2023 income are accepted between 7/1/23 to 11/15/23 and 2/1/24 to 6/30/24)**
 - From 7/1/23 to 11/15/23:
 - Attach final paystub showing year-to-date earnings for yourself and your 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 2/1/24 to 6/30/24:
 - Attach 2023 signed 1040 Federal Tax Returns with all schedules or an IRS Federal Tax Return Transcript for yourself and your spouse (if applicable) if you are considered Independent or for yourself and your parents if you are considered Dependent.
 - Attach 2023 W-2s for yourself and your 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				
	Student	Spouse	Parent 1	Parent 2
<input type="checkbox"/> 2022 Tax Info is listed below				
<input type="checkbox"/> 2023 Tax Info is listed below				
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 marriage, divorce, legal separation, or death has created a change in our family’s financial situation. I would like to use my new family structure. Please provide CCC with the following:
 - Attach a copy of the marriage certificate (if applicable)
 - Attach a copy of the divorce decree or legal separation (if applicable)
 - Attach a copy of proof of separate residence for both parties (if applicable)
 - Attach a copy of the death certificate (if applicable)

SECTION C: Extremely High Medical Expenses

- You, your spouse, or your parents incurred uninsured medical expenses in 2021 that exceeded 11% of your AGI
 - Attach copies of paid receipts or canceled checks (not bills) showing the amounts you paid.

SECTION D: One-time lump-sum payment

- A member of my family received a one-time lump-sum payment in 2021 and I would like it excluded from the FAFSA.
 - Attach documentation explaining the loss of a one-time payment.

All appeals must include the following documentation:

- 2021 Tax Return Transcripts for the student/parent(s)/spouse if the Data Retrieval Option on the FAFSA was not used
- Copies of all 2021 W-2s for student/parent(s)/spouse
- [Dependent / Independent Verification Worksheet 2023-2024](#)

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: