



University of New Hampshire

Appeal for Special Circumstance Policy

Your eligibility for financial aid is initially calculated based on the information you provided on the Free Application for Federal Student Aid (FAFSA). Using this information the University of New Hampshire compiles our best offer possible. The guidelines assume that the 2016 income is a good indicator of the family's financial strength during the 2018-2019 academic year.

If at any time, the income on the FAFSA is not a good representation of your current situation or you have other family circumstances not reflected in your 2016 income, we welcome you to complete a Special Circumstance Form.

Examples of Special Circumstances considered:

- Reduction of income or benefits in 2018.
- Extraordinary medical or dental expenses.
- Death of a parent or spouse whose information is on the FAFSA.
- Divorce or separation after filing the 2018-2019 FAFSA.
- One time withdrawal of an IRA/Pension for 2016.

Examples of Special Circumstances not considered:

- Normal home repairs
- Private school tuition
- Credit card debt
- Mortgage payments
- Weddings and other major purchases
- Car payments
- Previous education loan debt

This information will be included in your file and will be considered when your eligibility is determined. If your financial aid package has already been awarded a completed Special Circumstance Form with all required documentation will prompt an additional review; this process may take up to 30 days.

Submitting this information does not guarantee an increase in your financial aid. In the event that we are unable to offer additional financial aid please review the alternative financing options and payment plans available to help finance your education. Information regarding loans is available on our website at <https://unh.edu/financialaid>. The interest free payment plan is offered through Tuition Management Systems and information is available on the Business Services website <https://www.unh.edu/business-services/paymethods>.

Please submit completed form with supporting documentation to: the Financial Aid Office, 11 Garrison Ave, Durham N.H. 03824 * Scan & Email: financial.aid@unh.edu * Fax: 603-862-1947

(Attachments must be a standard image file, or in one of the following formats: .doc, .docx, .pdf)

Appeal for Special Circumstance Form 2018-2019

Name: _____ UNH ID: _____

Email: _____ Phone Number: _____

A. Appeal Categories and Supporting Documentation

Please select the categories from the following list that most closely describe your special circumstance(s) and provide all supporting documents. Incomplete appeals will not be considered.

Type of appeal (check all that apply)	Documentation to include with appeal
<input type="checkbox"/> Decrease in student/spouse income in 2018 of at least 8 weeks.	<ul style="list-style-type: none"> • 2017 and/or 2018 Tax Return (all schedules) & W-2s; if self-employed need a Profit/Loss Statement, preferable from a 3rd party • Most recent pay stubs • Letter from employer documenting employment status (e.g. full-time to part-time or termination) • Unemployment Benefits statement • Copies of statements indicating severance pay
<input type="checkbox"/> Decrease in parent income in 2018 of at least 8 weeks.	<ul style="list-style-type: none"> • 2017 and/or 2018 Tax Return (all schedules) & W-2s; if self-employed need a Profit/Loss Statement, preferable from a 3rd party • Most recent pay stubs • Letter from employer documenting employment status (e.g. full-time to part-time or termination) • Unemployment Benefits statement • Copies of statements indicating severance pay
<input type="checkbox"/> Unreimbursed medical or dental expenses paid in 2017	<ul style="list-style-type: none"> • 2017 Federal Tax Return Schedule A • Summary of PAID unreimbursed expenses (deductibles, co-pays, prescriptions, durable medical equipment and other amounts not covered by insurance)
<input type="checkbox"/> Death of immediate family member whose information is on the FAFSA	<ul style="list-style-type: none"> • Copy of signed 2016 Tax Return and W-2 forms
<input type="checkbox"/> Divorce or separation after filing the 2018-2019 FAFSA.	<ul style="list-style-type: none"> • Divorce decree or separation agreement. If nothing on paper yet, a signed statement indicating support payments • Proof of separate addresses/household expenses (e.g. rental agreement, lease or mortgage statement) • Provide agreement of support payments (e.g. alimony, spousal support, child support or dependent care) • 1040 or tax transcript and W-2s for both parents • Name of custodial parent • Household size/number in college

B. Income Information For 2018

The following section requires you to provide your actual and expected 2018 income. Do not put an hourly wage. Instead, please compute the full amount you have or will receive for the year.

Expected 2018 Income	Student	Spouse	Father/Stepfather	Mother/Stepmother	Documents Required
Gross income EARNED from work: 1/1/2018 through present date	\$	\$	\$	\$	Current or final pay stub
Gross income TO BE EARNED from work: present date through 12/31/2018	\$	\$	\$	\$	Current pay stub
Severance Pay	\$	\$	\$	\$	Letter from Company
Unemployment Benefits	\$	\$	\$	\$	Documentation from Agency
Workman's Comp Benefits	\$	\$	\$	\$	Documentation from Agency
Pension Distributions	\$	\$	\$	\$	Check stub, 1099
Business Income	\$	\$	\$	\$	Letter from Accountant or Quarterly Statement
Alimony	\$	\$	\$	\$	Letter from the Court
Child Support Received	\$	\$	\$	\$	Letter from the Court
Early Withdrawal from Retirement Funds	\$	\$	\$	\$	Letter outlining how funds were used
Support paid on your behalf from non-custodial parent or other	\$	\$	\$	\$	
TOTAL Expected 2018 Income	\$	\$	\$	\$	

C. Personal Statement:

Explain below what has caused the changes in your family's circumstances. Attach a separate sheet if necessary.

D. Signature and Certification:

I certify that the information submitted for this appeal is true and complete to the best of my knowledge. I agree to provide all supporting documentation required. I understand that if I have provided information in previous appeal, this may be reviewed for accuracy and it may impact the outcome of this and or any future appeal. It is the family's responsibility to notify our office if any of the above information should change. This notification should occur within two weeks of any change.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____