



**SPECIAL CIRCUMSTANCES APPEAL
2016-2017**

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1600 S. 25th E. Idaho Falls, Idaho 83404

| First Name | Last Name | SSN/Student ID | Phone Number |
|------------|-----------|----------------|--------------|
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About Special Circumstance Appeals

YOU ARE REQUIRED TO FILE A 2016-2017 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) BEFORE SUBMITTING THIS FORM TO STUDENT FINANCIAL AID. YOU CAN COMPLETE THE FAFSA ONLINE AT WWW.FAFSA.ED.GOV.

The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. The EITC Student Financial Aid Office will review and when appropriate, make adjustments to a student's institutional, state and federal aid when a student, spouse, or parent have demonstrated a decrease in income for 2016. We reserve the right to delay review, until the end of the calendar year, any appeal where reasonable projections cannot be made.

Projected income will only be accepted from July 1, 2016-November 30, 2016.

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| <p>Circumstances that can be considered under this appeal:</p> <ul style="list-style-type: none"> • Unemployment or change in employment • Unusual medical and dental expenses • Excessive debt related to business or unemployment • Non-recurring income • Birth, death, separation, divorce, or disability | <p>Circumstances which we will not consider under this appeal:</p> <ul style="list-style-type: none"> • Car payments or car insurance • Consumer debt (credit cards) • Mortgages and rent • "Parents will not help pay for college" • Home equity loans |
| <p>Independent Students:</p> <ul style="list-style-type: none"> • <i>You must provide information for yourself and your spouse (if married).</i> | <p>Dependent Students:</p> <ul style="list-style-type: none"> • <i>You must provide information for yourself and your parent(s).</i> |

Section 1- Mark all that applies to you. All required documentation must be submitted with this form or the appeal will be denied. Further, EITC reserves the right to request additional documentation.

| | |
|----|---|
| 1. | <input type="checkbox"/> A signed letter of explanation telling your current circumstances versus the previous year's circumstances. (Include where your 2016 income went, what lifestyles changes and sacrifices you have made.) |
| 2. | <input type="checkbox"/> Year-to-date income (payroll notification or check stubs) from all employer during 2016 for: <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Mother/Stepmother |
| 3. | <input type="checkbox"/> If unemployment benefits or workman's compensation were received, statement showing total benefits received for 2016. |
| 4. | <input type="checkbox"/> Signed statement identifying other income and the amount received in 2016. |
| 5. | <input type="checkbox"/> After 12/1/2016, you must submit 2016 W-2 forms, copies of 2016 Federal Tax Transcripts for the student and parent(s) {if dependent} or student and spouse {if married}, and 2016-2017 Verification Form. |

Section 2- Project your Income

| Income/ Benefits for Jan. 1, 2016 –Dec. 31, 2016 | Actual Income Received (Jan. 1, 2016 to Today) | Anticipated Income (Today to Dec. 31, 2016) | Total Income Received (Actual + Estimated) |
|---|--|---|--|
| <p align="center">Dependent Student Expected 2016 income earned from work by Father/Stepfather: (wages, salaries, tips)</p> | | | |
| <p align="center">Dependent Student Expected 2016 income earned from work by Mother/Stepmother: (wages, salaries, tips)</p> | | | |
| <p>Expected 2016 income earned from work by Student: (wages, salaries, tips)</p> | | | |
| <p align="center">Independent Student Expected 2016 income earned from work by Spouse: (wages, salaries, tips)</p> | | | |
| <p align="center">Unemployment Compensation received</p> | | | |
| <p>Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, gambling earnings, etc) Source:</p> | | | |
| <p align="center">Child Support received</p> | | | |
| <p>Housing or Other Allowances (clergy, military, etc)</p> | | | |
| <p>Other untaxed income (earned income credit, worker's compensation, payments to IRA/Keogh, etc) Source:</p> | | | |
| <p align="center">Taxable Social Security Benefits</p> | | | |
| <p align="center">Veteran's Non-Educational Benefits</p> | | | |
| <p align="right">Totals:</p> | | | |

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____
(if applicable-dependent students)

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|--------------------------------|--|-----------------------------------|---------------------------------|
| For EITC Financial Aid Office: | | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Old EFC: | | New EFC: | |
| Comments: | | | |
| | | | |
| Initials: | | Date: | |