

## Financial Aid Office

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Scan completed form and upload to <https://forms.luc.edu/faoupload>



Preparing people to lead extraordinary lives

### 2018-2019 Special Circumstance Appeal

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000)

**Appeal forms and ALL supporting documentation must be submitted at least 4 weeks prior to the end of the term.**

If your family experiences a significant income loss that causes a substantial change in financial status, this form will allow you to request special consideration of your unique financial circumstances for the 2018–2019 academic year. Before submitting this appeal form, please complete the following step:

Indicate below which financial circumstances are impacting your family and submit copies of **all supporting documentation** as listed below. Incomplete appeals will not be approved. Any approval is for the 2018-2019 academic year only.

**Was a Special Circumstance Appeal approved for the 2017-2018 year?**    Yes    No

**Is the supporting documentation listed below already on file?**    Yes    No

1. Unemployment/Loss of Job/Retirement/Disability	January 2018 - December 2018
<b>Choose one:</b> <input type="checkbox"/> Loss of income <input type="checkbox"/> Reduction of income	<b>Estimated wages \$</b> _____
<b>Name of person experiencing loss or change in income:</b> _____	<b>Estimated taxable income</b> Unemployment \$ _____
<b>Relationship to student:</b> _____	Severance \$ _____
<b>Source of lost income:</b> _____	Other \$ _____
	<b>Estimated untaxed income</b> Type of untaxed income _____
	Amount of untaxed income \$ _____

**If you did not use the FAFSA Data Retrieval Tool, submit a copy of your 2016 Tax Return Transcript or signed 1040 tax return**

**If appeal is for loss of income, submit *both* of the following:**

- Signed letter from employer on company letterhead verifying the date of separation. If separated from more than one employer, please submit a letter from each employer
- Unemployment benefit statement or a signed statement that that you did not and will not receive unemployment

**If appeal is for reduction income, please submit the following as applicable:**

- A letter from your employer explaining the projected hours and hourly rate of pay
- Copy of last pay stub from former and/or current employer(s)
- Documentation from physician or insurance agency verifying disability

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
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## 2. Divorce/Separation/Loss of Parent or Spouse

**Choose one:**

Divorce  Loss of parent/spouse

**Person to be removed from the FAFSA**

Parent 1  Parent 2  Student's Spouse

**For Divorce:** Submit a copy of the divorce decree, or documentation indicating separate residences as well as:

- If you did not use the FAFSA Data Retrieval Tool, a copy of your 2016 Tax Return Transcript or signed 1040 tax return
- Copies of both parents' 2016 W2s and/or Schedule Cs

**For Death:** Submit a copy of the death certificate or obituary

## 3. Loss of Benefit

**Name of person losing benefit** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Date of termination** \_\_\_\_\_

**Amount in 2016 \$** \_\_\_\_\_

**Amount in 2017 \$** \_\_\_\_\_

**Amount in 2018 \$** \_\_\_\_\_

**Type of benefit:**

Social Security  Supplemental Security Income (SSI)

Unemployment  Child Support  Untaxed retirement

Untaxed disability  AFDC

Other \_\_\_\_\_

**Submit the following required documentation:**

- If you did not use the FAFSA Data Retrieval Tool, a copy of your 2016 Tax Return Transcript or signed 1040 tax
- A statement from issuing agency certifying termination of benefit, including effective date of termination

## 4. Loss of One-Time Income

**Name of person who received the income** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

**Type of income lost:**

Early distribution of IRA  IRA rollover  Moving expense allowance  Back-year social security payments

One-time capital gain  Divorce Settlement  Other \_\_\_\_\_

**Value of Income in 2016 \$** \_\_\_\_\_

**Submit the following required documentation:**

- If you did not use the FAFSA Data Retrieval Tool, a copy of your 2016 Tax Return Transcript or signed 1040 tax
- A signed copy of your 1040 tax return indicating a rollover and/or all copies of your 1099 forms
- Documentation why funds will not be available to be used towards educational expenses

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
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**5. Private Elementary and/or Secondary School Tuition**

Name of Sibling	Name of Private School & Grade	2018-2019 Tuition & Fees Paid

**Submit the following required documentation:**

- If you did not use the FAFSA Data Retrieval Tool, a copy of your 2016 Tax Return Transcript or signed 1040 tax
- A copy of the actual tuition bill for 2018-2019 after financial assistance

**6. Paid Medical/Dental Expenses**

The Financial Aid Office will only consider paid expenses over the amount already protected by the FAFSA for medical expenses.

**Amount Paid in 2018 (not reimbursed by insurance) \$** \_\_\_\_\_ (do not include premiums)

**Submit the following required documentation:**

- If you did not use the FAFSA Data Retrieval Tool, a copy of your 2016 Tax Return Transcript or signed 1040 tax
- Itemized statements or receipts showing proof of out-of-pocket payments

**7. Other Circumstances**

**Submit the following required documentation:**

- Letter that fully explains your circumstance
- Appropriate documentation

We cannot consider mortgages, car expenses, bankruptcy, credit card debt, attorney fees, tax levy, or installment loans.

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, cancelled checks, etc. Failure to provide the requested information will result in denial of the appeal. Additional documentation may be requested as needed.

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature\*

\_\_\_\_\_  
Date

*\*Typed and digital signatures are not acceptable*

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