

2016-2017 Special Condition Appeal

This form initiates an appeal process for you to request a recalculation of financial need based on special conditions. This appeal is appropriate if your financial situation:

- ✓ Has changed significantly from the information provided on your 2016-2017 FAFSA, and
- ✓ Is described in one of the categories shown on page 2 of this form.

Please submit the following information:

1. Dependent students: pages 2, 3, and 4 of this form. Independent students: pages 2 and 3 of this form.
2. The required documentation as specified for each situation (see page 2).
3. An attached written statement describing your circumstances and why you feel an exception should be made.
4. **Photocopy of your and your parents or spouse (if applicable) 2015 Federal Tax Return Transcript available from the IRS at 800-908-9946 or www.irs.gov**

Include your name and student ID on all documentation, and please be specific with the information provided. We are unable to review incomplete appeals.

Please follow all instructions carefully. Check and complete all applicable sections, sign the form, and attach all required documentation. Return completed forms to the appropriate Warner Pacific College Financial Aid Office.

You will be notified of changes to your financial aid award. If an exception is approved, your FAFSA and your financial aid award will be revised. A revised award letter will be mailed to you if revisions are made. Please allow up to four weeks for processing a special conditions appeal.

OFFICE OF FINANCIAL AID
2219 SE 68th Avenue
Portland, Oregon 97215-9988
☎ 503-517-1091 ☎ 1-800-804-1510 X1091
📠 503-517-1352 🌐 www.warnerpacific.edu

Student Information

Name: _____ SSN _____
Last First

Email: _____ Local Phone: (_____) _____

Local Address: _____ City, St, Zip _____

Please check the items below that apply to your situation. You may check more than one item if applicable.
Calendar year is January 1, 2016 to December 31, 2016.

A. Loss or reduction of income or benefits

You or your spouse, OR a parent (check one) had employment in 2015, but experienced a **loss of job or reduction of income in the calendar year 2016**. Date change occurred _____.
Adjustments for loss of over-time or commission income are not considered.

You or your spouse, OR a parent (check one) received unemployment compensation or some untaxed income or benefit in 2015 and have **lost that income or benefit in the calendar year 2016**.

Loss due to death of parent or spouse.

Documentation required: (1) Termination letter or loss of benefit notification, if applicable, (2) Copy of 2015 Federal Tax Return Transcript(s), (3) Current pay stubs showing decreased income, if applicable, (4) Written statement describing circumstances, (5) In case of death, please provide a copy of the death certificate or obituary.

B. One-time benefit

You or your spouse, OR your parents (check one) received a ONE-TIME income or benefit in 2015 and will not receive that income or benefit in calendar year 2016.

Documentation required: (1) Letter explaining the source of funds received in 2015 and the reason you will not receive that same income or benefit again and how the funds were used. Provide documentation of retirement funding rollovers. (2) Copy of 2015 Federal Tax Return Transcript(s).

C. Change in marital status

After filing the FAFSA, you have married, separated OR divorced
or your parents (check one) have separated OR divorced

Documentation required: (1) Marriage Certificate OR Divorce papers indicating the date of marital change OR Written statement of separation. (2) Copy of 2015 Federal Tax Return Transcript(s). (3) Copies of 2015 W2 Forms from all employers for all taxpayers.

D. Medical/Dental Expenses

You or your spouse, OR your parents (check one) have **on-going medical/dental expenses in calendar year 2016** that are not covered by insurance.

Documentation required: (1) Attach bills and an itemized list with a total of ALL expenses not covered by insurance. (2) Copy of 2015 Federal Tax Return Transcript(s).

E. Parent Educational Expenses

You or your spouse, OR your parents (check one) have **on-going expenses for elementary or secondary school tuition**.

Documentation required: (1) Attach copy of school schedule and billing statement. (2) Copy of 2015 Federal Tax Return Transcript(s).

STUDENT’S ANTICIPATED INCOME AND ASSETS

Student Name: _____ SSN: _____
Last First

(Questions 1, 2, and 3 for independent students only):

1. Student is: married not married divorced separated widowed

2. Number of family members in student’s household during academic year 2016-2017: _____ (Include yourself and all other dependents who may live with you during 2016-2017.)

3. Of those listed in #2, how many will be in college at least half-time during academic year 2016-2017? _____

Please enter the amounts you anticipate you will receive in each category
 for January 1, 2016 through December 31, 2016
 Please do not leave blanks – use zeros where appropriate.

Anticipated Income for 2016	STUDENT	SPOUSE (if applicable)
GROSS Wages, Salaries, Tips (W-2 earnings)	\$ _____	\$ _____
Interest and Dividend Income	\$ _____	\$ _____
Alimony Received	\$ _____	\$ _____
Business and/or Farm Income	\$ _____	\$ _____
Partnership and/or S-Corporation Income	\$ _____	\$ _____
Capital Gains	\$ _____	\$ _____
Pensions and Annuities	\$ _____	\$ _____
Rents and Royalties	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Other Taxable Income: Source: _____	\$ _____	\$ _____
Social Security Benefits for ALL Family Members	\$ _____	\$ _____
Child Support Received for ALL Children	\$ _____	\$ _____
Retirement and/or Disability Benefits	\$ _____	\$ _____
Welfare Benefits, Including TANF (exclude food stamps)	\$ _____	\$ _____
Untaxed Portions of Pensions and/or Annuities	\$ _____	\$ _____
Living and Housing Allowance for Clergy, Military, etc.	\$ _____	\$ _____
Veteran’s Non-Educational Benefits	\$ _____	\$ _____
Deductible IRA/Keogh Payments	\$ _____	\$ _____
Other Untaxed Income: Source: _____	\$ _____	\$ _____
Veterans Benefits \$ _____ X _____ mo. =	\$ _____	\$ _____
TOTAL ANTICIPATED INCOME =	\$ _____	\$ _____

PLEASE READ AND SIGN
 I certify that all information noted above for my federal student aid eligibility is true to the best of my knowledge, and I agree to provide documentation of this information if requested.

 Student Signature Date Spouse Signature (if applicable) Date

INDEPENDENT STUDENTS – STOP HERE

PARENT'S ANTICIPATED INCOME AND ASSETS

Student Name: _____ SSN: _____
Last First

Parent Name: _____

Parents are: married not married divorced separated widowed unmarried but living together

Date of Birth of Older Parent: ____/____/____ State of Legal Residence: _____

Number of Family members in parent's household during academic year 2016-2017: _____ (Include student, parents, and all other dependents who may live with your parents during 2016-2017)

Of those listed in household, how many will be in college at least half-time in 2016-2017? _____

Do not include the student's parents attending college.

Please enter the amounts you anticipate you will receive in each category
 for January 1, 2016 through December 31, 2016
 Please do not leave blanks – use zeros where appropriate.

Anticipated Income for 2016	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER
GROSS Wages, Salaries, Tips (W-2 earnings)	\$ _____	\$ _____
Interest and Dividend Income	\$ _____	\$ _____
Alimony Received	\$ _____	\$ _____
Business and/or Farm Income	\$ _____	\$ _____
Partnership and/or S-Corporation Income	\$ _____	\$ _____
Capital Gains	\$ _____	\$ _____
Pensions and Annuities	\$ _____	\$ _____
Rents and Royalties	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Other Taxable Income: Source: _____	\$ _____	\$ _____
Social Security Benefits for ALL Family Members	\$ _____	\$ _____
Child Support Received for ALL Children	\$ _____	\$ _____
Retirement and/or Disability Benefits	\$ _____	\$ _____
Welfare Benefits, Including TANF (exclude food stamps)	\$ _____	\$ _____
Untaxed Portions of Pensions and/or Annuities	\$ _____	\$ _____
Living and Housing Allowance for Clergy, Military, etc.	\$ _____	\$ _____
Veteran's Non-Educational Benefits	\$ _____	\$ _____
Deductible IRA/Keogh Payments	\$ _____	\$ _____
Other Untaxed Income: Source: _____	\$ _____	\$ _____
Veterans Benefits \$ _____ X _____ mo. =	\$ _____	\$ _____
TOTAL ANTICIPATED INCOME =	\$ _____	\$ _____

PLEASE READ AND SIGN
 I certify that all information noted above for my federal student aid eligibility is true to the best of my knowledge, and I agree to provide documentation of this information if requested.

 Father/Stepfather Signature Date

 Mother/Stepmother Signature Date