



2017-2018 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 2017-2018 FAFSA, and
- ✓ Is described in one of the categories shown below.

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 second page of this form**, and attach all required documentation. Return completed forms to the appropriate Warner Pacific College Financial Aid Office.

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.

If a Federal Tax Return Transcript is required for your appeal, you may request a Tax Return Transcript from the IRS online at www.irs.gov or by calling 1-800-908-9946.

STUDENT INFORMATION	PLEASE PRINT LEGIBLY
----------------------------	-----------------------------

Last Name	First Name	M.I.	Social Security Number	Date of Birth
Mailing Address (include Apt. no.)			Phone Number (include area code)	
City	State	Zip Code	Email address (preferred contact method)	

REQUESTED APPEAL

- A. 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 2017.
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) Must submit a copy of 2015 Federal Tax Return Transcript(s) from the IRS.**
-
- B. Change in marital status**
 After filing the FAFSA, you have **married**, **separated** OR **divorced**
 OR your parents have **separated** OR **divorced**
Documentation required: (1) Marriage Certificate OR Divorce papers indicating the date of marital change OR Written statement of separation. **(2) Must submit a copy of 2015 Federal Tax Return Transcript(s) from the IRS.** (3) Copies of 2015 W2 Forms from all employers for all taxpayers.
-
- C. Medical/Dental Expenses**
 You or your spouse OR your parents (check one) have on-going medical/dental expenses in calendar year 2017 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) Must submit a copy of 2015 Federal Tax Return Transcript(s) from the IRS.**
-
- D. 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 a copy of school schedule and billing statement. (2) Use the IRS Data Retrieval Tool on the FAFSA or provide a copy of 2015 Federal Tax Return Transcript(s) from the IRS.
-
- E. Loss or reduction of income or benefits (complete anticipated income and asset information on the next page of this form)**
 You or your spouse OR a parent (check one) had employment in 2015, but experienced a **loss of job or reduction of income in calendar year 2016 or 2017.** Date the change occurred _____. Adjustments for loss of overtime 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 calendar year 2016 or 2017.**

 Loss due to **death of parent or spouse.**

Documentation required: (1) Termination letter or loss of benefit notification, if applicable; (2) Use the IRS Data Retrieval Tool on the FAFSA or provide a copy of 2015 Federal Tax Return Transcript(s) from the IRS; (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.

HOUSEHOLD INFORMATION:

DEPENDENT STUDENTS:

Parent Name(s): _____
 Parents are: married not married divorced separated widowed
 unmarried but living together

_____ Number of Family members in FAFSA parents' household during academic year 2017-2018. (Include student, parents, and all other dependents who may live with your parents during 2017-2018)

_____ Of those listed in the household, how many will be in college at least half-time in 2017-2018? **Do not include the student's parents attending college.**

INDEPENDENT STUDENTS:

Student is: married not married divorced separated widowed

_____ Number of family members in student's household during academic year 2017-2018. (Include yourself and all other dependents who may live with you during 2017-2018.)

_____ Of those listed in the household, how many will be in college at least half-time during academic year 2017-2018?

E. ANTICIPATED INCOME AND ASSET INFORMATION:

Complete this section if you are requesting a loss or reduction of income or benefits appeal in Part E on page 1. Please complete the appropriate columns. Student (and Spouse, if married) for a change in the Student's income. Parent 1 (and 2, if married or unmarried but living together) for a change in the Parent income.

Please enter the amounts you anticipate you will receive in each category for January 1, 2017 through December 31, 2017.
 Please do not leave blanks – use zeros where appropriate.

Anticipated Income for 2017	STUDENT	SPOUSE (if applicable)	PARENT 1	PARENT 2 (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	\$	\$	\$	\$
UNTAXED INCOME				
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: _____	\$	\$	\$	\$
TOTAL ANTICIPATED INCOME =	\$	\$	\$	\$

REQUIRED SIGNATURES ON THIS WORKSHEET

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.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

 Student Date

 Parent (if parent information is changing) Date

 2nd Parent/Student's Spouse (if married) Date