SPECIAL CIRCUMSTANCE APPEAL INSTRUCTIONS

2015-2016

You have indicated that you and/or your family have experienced a significant change in your financial situation during 2014. We understand this may be a difficult time for you and your family. Depending on your special circumstances, the Office of Financial Aid may be able to reevaluate your eligibility for financial aid for the 2015-2016 academic year. Our reevaluation is based on the information you provide with this application.

Please note that not all changes in circumstances can result in an adjustment to your financial aid eligibility.

YOUR NEXT STEPS

- 1 IMPORTANT: You are required to file a 2015-2016 Free Application for Federal Student Aid (FAFSA) before submitting this form or any materials to the Office of Financial Aid. If you have not yet completed a FAFSA, you can do so online at www.fafsa.ed.gov.
- 2 If you've filled your FAFSA, please review the circumstances listed in Sections 1 through 4 of this application and choose one that applies to your situation. Choose ONE situation from either Sections 1, 2, or 3 (dealing with loss of taxable income, untaxed income, or a family member) **OR** from section 4 (dealing with additional expenses).
- 3 After identifying your circumstance, gather all the documentation required for your situation, as listed in the section that matches your situation.
- 4 Complete Sections 5 and 6 of this form, plus the 2015-2016 Verification Worksheet (also attached).
- 5 Submit all required information and documents for your circumstances, plus completed Sections 5 and 6, and the Verification Worksheet. Be sure to also include copies of parents' 2014 federal tax return transcripts (for dependent students) and the student's 2014 federal tax return transcript. To request an official 2014 tax return transcript from the Internal Revenue Service, you may call 800-908-9946 or request one at http://www.irs.gov/individuals/get-transcript.
- Send all materials to the Office of Financial Aid, College of Mount Saint Vincent:

Mail: 6301 Riverdale Avenue, Riverdale, NY 10471

Fax: (718) 405-3490

Email: financialaid@mountsaintvincent.edu

THE MOUNT'S NEXT STEPS

- 1 If you submit a completed form and all required documents, the Office of Financial Aid reviews your appeal. Note that if the form is incomplete or documents are missing, your materials will be returned and your review will be delayed.
- 2 After the Office of Financial Aid completes its review of your appeal, you will be notified by email within 10 business days about the outcome of your Special Circumstance Appeal.
- 3 We will not consider the following reasons that result in a decline in family income or an increase in expenses:
 - One-time capital gains or IRA distributions, or one-time severance pay
 - Capital gains resulting in early withdrawal of retirement fun
 - Costs related to bankruptcy
 - Expenses related to a parent who has returned to college
 - Loss of windfall income such as lottery, gambling, or bonus income
 - Unusual expenses related to personal living such as wedding expenses, credit card bills, home mortgage, school loan payments, car payments, or other miscellaneous consumer expenses

Sections 1-4

SITUATIONS & DOCUMENTATION

The following sections list various situations that describe significant changes in the financial situation for students and families. Select the description that best applies to you. Choose your situation from either Sections 1, 2, or 3 **OR** from Section 4, but not from both areas. Next to each situation you will see the required documentation that you must gather and submit, along with your completed application (Section 5 and 6) and the Verification Worksheet.

	1. LOSS OF TAXABLE INCOME					
	SITUATION	DOCUMENTATION REQUIRED				
Α	Loss of job (must be unemployed for at least 6 weeks) [If you held more than one job but are no longer working at any of them, you are required to provide verification of separation for each.]	 Copy of 2014 federal tax return transcript for parents and student Copies of all 2014 W-2's Completed 2015-2016 Verification Worksheet Copy of last pay statement or a letter from a previous employer indicating year-to-date earnings 				
В	Change of job that resulted in a reduction of earnings	 Copy of 2014 federal tax return transcript & W-2's for parents and student Completed 2015-2016 Verification Worksheet Copy of last pay statement showing prior salary Copy of most recent pay statement Documentation of monthly income benefits received or anticipated amount 				
С	Loss of job due to disability	 Copy of 2014 federal tax return transcript & W-2's for parents and student Completed 2015-2016 Verification Worksheet Copy of final pay statement Documentation of monthly income benefits received or anticipated amount 				
D E F	Loss of wages due to permanent wage reduction Loss of commissions Loss of mandatory overtime	 Copy of 2014 federal tax return transcript & W-2's for parents and student Completed 2015-2016 Verification Worksheet Copy of last pay statement at prior rate Copy of recent pay statement showing loss of income 				

Sections 1-4 (cont'd)

	2. LOSS OF UNTAXED INCOME		
	SITUATION	D	OCUMENTATION REQUIRED
A	Loss of child support	•	Copy of 2014 federal tax return transcript for parents and student
		•	Copies of all 2014 W-2's
		•	Completed 2015-2016 Verification Worksheet
		•	Copy of notice showing benefit termination or court order

3. LOSS OF A FAMILY MEMBI	3. LOSS OF A FAMILY MEMBER			
SITUATION	DOCUMENTATION REQUIRED			
A Death of a parent or spouse after FAFSA been filed	 Copy of 2014 federal tax return transcript for parents and student Copies of all 2014 W-2's Completed 2015-2016 Verification Worksheet Copy of death certificate 			
Divorce or separation after FAFSA has be filed	student Completed 2015-2016 Verification Worksheet			
[The couple may not be residing in the same household.]	 Copies of all 2014 W-2's to separate out income Documentation to verify the divorce/separation which may include court judgment entry, letter from attorney or clergy person 			

	4. ADITIONAL EXPENSES				
	SITUATION	DOCUMENTATION REQUIRED			
Α	Medical, dental, vision, prescription expenses not covered by insurance	Copy of 2014 federal tax return transcript for parents and student			
	[Medical expenses must be paid. Anticipated medical expenses will not be considered.]	 Completed 2015-2016 Verification Worksheet A copy of IRS Schedule A—Itemized Deductions Note: Explanation of benefits from your insurance company will not be considered as proof of payment,. 			
В	Private school tuition paid [Please contact your financial aid counselor first before filling out the form to learn if the amount of tuition you paid will have an impact on your aid package.]	 Copy of 2014 federal tax return transcript for parents and student Completed 2015-2016 Verification Worksheet Statement or letter from the school showing actual tuition amount paid for the previous 2014-2014 school year Please do not include incoming student 			

Sections 5-6

APPLICATION FOR APPEAL

Please complete Sections 5 and 6 plus the 2015-2016 Verification Worksheet (also attached). If an item doesn't apply, please put a "0" in the field. Also submit copies of parents' 2012 federal tax return transcripts (for dependent students) and the student's 2014 federal tax return transcript.

Send all completed forms and required documentation to: Office of Financial Aid, College of Mount Saint Vincent, 6301 Riverdale Avenue, Riverdale, NY 10471; fax (718)405-3490; or email financialaid@mountsaintvincent.edu.					
Student's Name	Mount ID/SSN				
Daytime Phone (in case of questions)	Email				

5. ESTIMATED 2015 INCOME WORKSHEET	Mother (dependent students)	Father (dependent students)	Student	Spouse (independent student)
Gross earnings received from work 1/1/2015				
Gross earnings from work from today until 12/31/2015				
Last date of employment				
Interest and/or dividend income				
Taxable pensions/annuities, IRA distributions				
Unemployment compensation				
Taxable Social Security Benefits				
Other taxed income (i.e. business, rental)				
Total Taxable Income				
Tax exempt interest income				
Workers' compensation				
Child support received				
Contributions to tax-deferred IRA/pensions/savings plan				
Other untaxed income from:				
Total Non-Taxable Income				

Sections 5-6 cont'd

6. EXPLAIN YOUR CIRCUMSTANCES

Selection number/letter:	ircumstances/situation you selec	cted from the pre	evious descriptions:	
	————— lease explain the change in your	financial situatio	n.	
Include dates and other de	etails, as this information is esser	ntial to our revie	w.	
complete and correct. I undand the 2015-2016 FAFSA	umstances Appeal Form, I (we erstand that this appeal will not is on file with College of Mount College of Mount Saint Vincented on this form.	t be reviewed ur Saint Vincent. I	ntil all required docume (the student) authoriz	entation is submitted te the staff of the Of-
Student Signature	Date	Parer	nt Signature	Date
CMSV USE ONLY				
Revised AGI	Revised Federal Tax		Verified EFC	
New EFC	FAA Initials		Date of Letter	
Comments			Approved	
			Not Approved	