2013-2014 Special Circumstance Form
IPFW Financial Aid Office
Kettler Hall Room 102
2101 E Coliseum Blvd. Fort Wayne, IN 46805
Phone: (260) 481-6820 Fax: (260) 481-4159
Email: finaid@ipfw.edu

Student Information
Student Name: ____________________________________Student ID # 900 ________________
Contact Phone Number: _________________________

Special Circumstances can be used in situations that families have little or no control over. Examples of these situations include but are not limited to death, disability, divorce or separation, loss of income and unusual expenses paid. Review the form below and complete areas that apply to your situation.

Please note that special circumstance appeals will be processed in the order of which they were received and may take up to 5 weeks for a decision. Any incomplete forms or missing supporting documents will be returned for completion and will delay processing time. All students wishing to be considered for a special condition must complete the verification process first. We will inform you via your IPFW email once a decision has been made.

Reason for Special Circumstance Request

☐ Loss of employment: Student/spouse/parent has been laid off/terminated or hour/pay rate has been reduced in 2013.
   ☐ Layoff  ☐ Termination  ☐ Reduction of hours  ☐ Military Separation
   Period of unemployment or reduction: _____________________________ to _____________________________
   I will receive unemployment benefits ☐ Yes ☐ No

Supporting documentation that must be submitted with this form:
☐ Typed personal statement outlining the reason for an appeal, including specific information and dates.
☐ Standard verification form (V1)
☐ IRS data retrieval or federal tax transcript
☐ Notice of layoff, termination or reduction of hours from employer.
☐ A signed and dated copy of student/spouse/parent(s) most recent 2013 paystubs.
☐ Unemployment Maximum Benefit Statement

☐ Loss of other types of income:
   Date of income loss:__________________________________________
   ☐ Loss of unemployment compensation- provide letter from unemployment office.
   ☐ One-Time Income- such as inheritance or moving allowance, child support.
   ☐ Other- Provide supporting documentation.

Supporting documentation that must be submitted with this form:
☐ Typed personal statement outlining the reason for an appeal, including specific information and dates.
☐ Standard verification form (V1)
☐ IRS data retrieval or federal tax transcript
☐ Supporting documents which document loss of income.
Divorce or Separation:
- Date of separation or divorce:____________________________________________
- Student/Spouse □ □ Parents of dependent students

Supporting documents that must be submitted with this form:
- □ Typed personal statement outlining the reason for an appeal, including specific information and dates.
- □ Standard verification form (V1)
- □ IRS data retrieval or federal tax transcript
- □ W2’s
- □ Separation documentation (including a bill which indicates separate households)
- □ Child support statements- (if applicable)
- □ Divorce Decree- (if applicable)

Death of Spouse or Parent:
- □ Parent of dependent student □ Spouse of student

Supporting documents that must be submitted with this form:
- □ Typed personal statement outlining the reason for an appeal, including specific information and dates.
- □ Standard verification form (V1)
- □ IRS data retrieval or federal tax transcript
- □ Copy of Death Certificate/Obituary

Unusual Expenses Paid: such as medical or dental expenses

Supporting documents that must be submitted with this form:
- □ Typed personal statement outlining the reason for an appeal, including specific information and dates.
- □ Standard verification form (V1)
- □ IRS data retrieval or federal tax transcript
- □ A copy of 2012 federal tax transcript and schedule A.
- □ Medical/dental payments receipts showing what was paid out of pocket for 2012-2013.

Certification Statement- read and sign below
By signing my name below, I certify that the information provided is truthful and accurate. I understand that if I provide false or misleading information, I may be fined $20,000, sent to prison, or both. I authorize the IPFW Financial Aid Office to contact the provider(s) listed above for additional or clarifying information. I agree to notify the IPFW Financial Aid Office if any of the information provided on this form changes.

Student Signature________________________ ____________________ Date_____________

Parent Signature (dependent students only)_______________________________ Date ______________

Financial Aid Office Use Only

<table>
<thead>
<tr>
<th>Students Income</th>
<th>Other taxable Income</th>
<th>Verif Complete</th>
<th>Old EFC</th>
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<tbody>
<tr>
<td>Spouses Income</td>
<td>Other untaxed Income</td>
<td>Prof Judge</td>
<td>New EFC</td>
</tr>
<tr>
<td>Fathers Income</td>
<td>Income Adjustments</td>
<td>MO</td>
<td>□ Approved</td>
</tr>
<tr>
<td>Mothers Income</td>
<td>HH size</td>
<td>#in college</td>
<td>Est taxes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(New AGI÷Old AGI*2012 Taxes Paid=Estimated Tax)</td>
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</tbody>
</table>

Financial Aid Administrator Signature ________________________________ Date ______________