

SPECIAL CIRCUMSTANCES APPEAL

You may complete the Special Circumstances Appeal form if you are an independent student whose current financial situation is not accurately reflected by 2017 tax information. Your family's 2017 income is used to assess your financial need for the 2019–2020 school year, in accordance with federal laws and regulations. If your family's income is lower due to special circumstances, a financial aid administrator may be able to use estimated 2019 income to calculate financial need. This financial situation may be due to loss of a job, separation or divorce, death, disability, unusual medical expenses, or other circumstances. If you have not already done so, you must first apply for federal financial aid by completing the 2019–2019 Free Application for Federal Student Aid (FAFSA) with 2017 tax information. After submitting the FAFSA, please provide information regarding your reduction in income by completing this form. Your appeal is complete only when you attach the documentation that validates your special circumstances. No action will be taken until all of the documentation appropriate to your circumstance is submitted to the Financial Aid Office.

Documentation is essential. You and/or your family must submit all of the following:

- A signed personal statement that explains your special situation; and
- Your (and your spouse's) 2017 federal tax transcript and W-2s
- Sections 1, 2, 3, and 4 of the Special Circumstances Appeal form (attached) completed correctly

APPEAL CATEGORIES:

In addition, select the category from the following list that most closely describes your 2019–2020 special circumstance. Read the description carefully and attach all of the documentation requested under that category.

Loss or reduction of employment, loss of military employment or benefits

You and/or your spouse earned money in 2019 and have had an income reduction (loss of overtime will not be considered), or have lost employment for at least 8 weeks in 2019 that has resulted in a reduction of income. Eight (8) weeks must have passed prior to submission of this appeal for either circumstance.

- Provide copies of written verification from a former employer(s) that indicates start and end date of employment or reduction of hours. Former employers should document dates and amounts received for earnings, severance pay, vacation, and retirement payout. You may provide us with a copy of your last pay stub received which should detail your year-to-date earnings, severance, etc.; and
- A written statement from your (or your spouse's) current or future employer(s) that indicates your expected gross earnings for the calendar year 2019. Year 2019 earnings must be documented with a letter from your employer projecting earnings or with copies of your two most recent pay stubs; and
- Eligibility forms that indicate dates and amount of unemployment benefits, such as unemployment compensation you are or will be receiving. We need a copy of your initial eligibility determination letter from the unemployment compensation office.

Separation, Divorce or Death

You have already filed your annual Free Application for Federal Student Aid (FAFSA) and since that time, you and your spouse have separated or divorced, or your spouse has died.

- Provide legal separation papers or divorce decree; or
- Evidence of separate living accommodations if no legal separation exists; or
- A death certificate and documentation of year-to-date earnings for deceased spouse.

Loss of taxed/untaxed income or benefit

You and/or your spouse received unemployment compensation or another taxed or untaxed income or benefit in 2017, and have completely lost that income or benefit for at least 8 weeks in the calendar year 2019. Eight (8) weeks without compensation must have passed prior to your submission of this appeal. The untaxed income or benefit must be from a public or private agency, a company, or from a person due to court order. (Do not include loss of educational veterans benefits.) Income and benefits may include Social Security

benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, welfare benefits, and your worker's compensation from your state

- Provide copies of all contracts, agency notices, or legal papers that indicate the date your (or your spouse's) taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was

Loss of one-time income

You and/or your spouse received one-time income in 2017 that will not occur in 2019 (e.g., rollover into a Roth IRA, moving expense allowance, back-year Social Security payments, or a divorce settlement). Special circumstance consideration will not be given if this one-time income is a result of an inheritance, job bonus or overtime compensation, gambling winnings, pension, capital gain, insurance settlements, or early distributions of retirement accounts.

- Provide copies of all contracts, agency notices, or legal papers that indicate the date your (or your spouse's) one-time income was terminated, what amount of income came from that source, and how that income was used.

Unusual, unreimbursed medical care expenses

NOTE: Only expenses already paid directly by the student or spouse will be considered.

Unexpected/non-recurring medical expenses -You and/or your spouse have paid for unusual or unexpected medical expenses for a member of your household that are not reimbursed. These expenses are over and above typical health maintenance costs due to an unexpected, extraordinary, or non-recurring emergency or incident. Western Seminary assumes that you and your family members will have insurance coverage. Only those costs not covered by insurance or another agency may be considered. These expenses must be at least \$1,000.

- Provide copies of canceled checks that document your PAID medical expense.
- Payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses and elective or cosmetic procedures (e.g., orthodontic braces) are not considered unusual medical expenses and will not be considered for the special circumstances appeal.
- Medical expenses for certified disabled student-If you have medical expenses due to a chronic disability, these costs may be considered in your financial aid eligibility. Disability related costs are those expenses attributable to maintaining a chronic illness or condition that is not due to an unexpected incident or emergency.
- Provide a statement from health care provider that documents the unusual condition; and receipts or canceled checks that demonstrate payment for medical treatment of this condition.

Tuition expenses for private elementary or secondary

You and/or your spouse pay elementary or secondary school tuition for a member of your family during the 2019–2020 academic year. Only expenses not covered or reimbursed by another agency/source will be considered. Only tuition incurred during the 2019–2020 academic year (after August 2019) will be considered.

- Provide a copy of the school's enrollment contract that includes name(s) of your children enrolled during the 2019–2020 academic year, tuition cost, and the amount of any scholarships or grants that subsidize the tuition.

Nursing home expense/ Adult dependent care

You or your spouses are paying a nursing home or an adult dependent care facility for care provided to a member of your family during the 2019–2020 academic year.

- Provide documentation that your family member is being cared for by a nursing home or other facility, person, or agency.
- Provide documentation of your payments; i.e. copies of cancelled checks or payment receipts from person, facility, or agency.

QUESTIONS? CONTACT US.

Luke Todd
5511 SE Hawthorne Blvd.
Portland, OR 97215
877.517.1814 or 503.517.1814
503.517.1801 fax
finaid@westernseminary.edu

PERSONAL INFORMATION

Mr. Miss Ms. Mrs. Rev. Dr. Male Female

Full Name _____ Student ID _____
First Middle Last

Address _____ City _____

DOB _____ Email _____ Cell Phone _____

Home Phone _____ Work Phone _____

TYPE OF APPEAL:

- Loss or reduction of employment, loss of military employment or benefits
- Separation, divorce or Death
- Loss of taxed/untaxed income or benefit
- Loss of one-time income
- Unusual, unreimbursed medical care expenses
- Tuition expenses for private elementary or secondary
- Nursing home expense / Adult dependent care

SECTION I. INCOME SOURCE TABLE

January 1 through December 31, 2019	Actual: 1/1/19 -today	Estimated: Today-12/31/19	TOTAL: Actual + Estimated
Income earned from work by Student (wages, salary, and tips, for example)	\$	\$	\$
Income earned from work by Spouse (wages, salary, and tips, for example)	\$	\$	\$
Business, farm, or rental income	\$	\$	\$
Interest/dividend income, specify by source and value:	\$	\$	\$
Unemployment compensation	\$	\$	\$
Capital gains	\$	\$	\$
Spousal maintenance	\$	\$	\$
Child support	\$	\$	\$
Welfare benefits (such as AFDC or TANF)	\$	\$	\$
Veterans benefits	\$	\$	\$
Social Security benefits (including SSI)	\$	\$	\$
Workers' compensation	\$	\$	\$
Short-term or long-term disability benefits	\$	\$	\$
Severance pay	\$	\$	\$
Withdrawal from retirement account	\$	\$	\$

SECTION A – FAMILY INFORMATION

List the people in your household. Indicate those who will be attending college at least half time between July 1, 2019 and June 30, 2020, and will be enrolled in a degree, diploma, or certificate program.

If you are an independent student, include:

- Yourself and your spouse (if applicable).
- Your children, if you will provide more than half of their support from July 1, 2019 through June 30, 2020, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

Full Name	Age	Relationship	Attending College in 19/20 (at least half time)		Name of College Attending & Degree Program
			yes	no	
		self	yes	no	Western Seminary
			yes	no	
			yes	no	
			yes	no	
			yes	no	
			yes	no	

SECTION B – 2017 TAX FILING STATUS

Student (and Spouse, if applicable) – Check the appropriate box.

I have filed my 2017 Federal Tax Return – Please return to the 2019–20 FAFSA and complete the IRS Retrieval process.

I have used the IRS Retrieval process, leaving your imported tax information unchanged. If you are unable to complete the IRS Data Retrieval process, please contact the Office of Financial Aid for further instructions.

I have filed a tax extension for my 2017 Federal Tax Return – Attach a copy of Form 4868 Tax Extension, W2s, and an AGI Estimator Worksheet (contact the Office of Financial Aid for further instructions).

I have not filed and am not required to file a 2017 Federal Tax Return – Attach copies of all 2017 W2s.

SECTION C – 2017 INCOME DOCUMENTATION

List income from Box 1 of all W2s, Schedules C & F, Box 14 Code A of Schedule K-1, and income from other sources.

Student (and Spouse, if applicable)

Source of Income (Wages, Business, Farm, Other)	Earned in 2017	Earned By Student or Spouse
	\$	
	\$	
	\$	

SECTION D – 2017 UNTAXED INCOME

Do not leave any space blank.	2017	2019 Estimated
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.	\$	\$
Child support received for any of your children. Don't include foster care or adoption payments.	\$	\$
Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	\$	\$
Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$	\$
Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability benefits, etc. Also, include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$	\$
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement	\$	\$

SECTION E – 2017 ADDITIONAL FINANCIAL INCOME

Do not leave any space blank.	2017	2019 Estimated
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040—line 50 or 1040A—line 33.	\$	\$
Child support paid because of divorce or separation or because of a legal requirement. Don't include support for children in your household.	\$	\$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
Taxable college grant and scholarship aid reported to the IRS in your adjusted gross income . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$	\$
Earnings from work under a cooperative education program offered by a college.	\$	\$

SECTION F – FOOD STAMP VERIFICATION

Did you or anyone in your household receive food stamps (SNAP) in the 2017 or 2018 calendar years? Yes No

SECTION G – ASSET VERIFICATION

Do not leave any space blank.	2017	2019 Estimated
As of the date you signed the FAFSA, what was the total balance in cash, savings, and checking accounts?	\$	\$
As of today, what is the net worth of your (and spouse’s) investments, including real estate? Don’t include the home you live in. Net worth means current value minus debt	\$	\$
<i>Investments include real estate, trust funds, UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, Coverdell savings accounts, 529 college savings plans, the refund value of 529 prepaid tuition plans*, installment and land sale contracts (including mortgages held), commodities, etc. Investment value means the current balance or market value of these investments as of today. Investment debt means only those debts that are related to the investments. Do not include the value of your primary residence.</i>		
<i>Investments do not include the home you live in, the value of life insurance, retirement plans (401k plans, pension funds, annuities, non-education IRAs, Keogh plans, etc.).</i>		
As of the date you signed the FAFSA, what was the net worth of your business and/or investment farms?	\$	\$
<i>Business and/or investment farm value includes the market value of land, buildings, machinery, equipment, inventory, etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral. Do not include the value of a business with 100 or fewer employees and/or a farm that you live on.</i>		

BY SIGNING THIS WORKSHEET, I CERTIFY THAT:

- All the information reported is complete and accurate at this time.
- I have answered every question on this worksheet, even if the answer is “0” or “NA”.
- I have updated (or agree to update, when available) my 2019-19 FAFSA with 2017 finalized tax data.

Signature _____ Date _____