

Special Circumstances Appeal

[Last revised: Feb. 26, 2024]

You may complete the Special Circumstances Appeal form if you are an independent student whose current financial situation is not accurately reflected by prior, prior year tax information. Your prior, prior year income is used to assess your financial need for the current academic year, in accordance with federal laws and regulations. If your income is lower due to special circumstances, a financial aid administrator may be able to use estimated income in the current calendar year 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 are married, please provide information about all household income, regardless of who earned it.

Before completing this form, please connect with Financial Aid Staff about performing an initial rough recalculation. If it's determined an appeal is likely to change your eligibility, then proceed to submit the appeal. Your appeal is complete only when you attach the documentation that validates your special circumstances. No official action will be taken until all of the documentation appropriate to your circumstance is submitted to the Financial Aid Office.

Documentation is essential. You must submit all of the following:

- A signed personal statement that explains your special situation; and
- Sections 1, 2, 3, and 4 of the Special Circumstances Appeal form (attached) completed correctly

Appeal Categories

Find the category from the following list that most closely describes your 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 earned money in the prior, prior year and have had an income reduction (loss of overtime will not be considered), or have lost employment for at least 8 weeks in the current calendar year 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 current or future employer(s) that indicates your expected gross earnings for the current calendar year. Current calendar year 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 the prior, prior year, and have completely lost that income or benefit for at least 8 weeks in the current calendar year. 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 veteran's 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 (taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was used.

Loss of one-time income

You received one-time income in the prior, prior year that will not occur in the current calendar year (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 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 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 pay elementary or secondary school tuition for a member of your family during the current academic year. Only expenses not covered or reimbursed by another agency/source will be considered. Only tuition incurred during the current academic year will be considered.

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

Nursing home expense / Adult dependent care

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

Provide documentation that your family member is being care for by a nursing home or other facility, person, or agency.

Provide documentation of your payments; i.e. copies of canceled checks or payment receipts from person, facility, or agency.

Questions? Contact Us

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Personal Information

Title:		Gender:	
Name:		Student ID:	
Address:		City, State, Zip:	
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 1. Income Source Table

Current Calendar Year	Actual: 1/1-today	Estimated: Today-12/31	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 in the current academic year, 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 during the current academic year, 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 during the current academic year.

Full Name	Age	Relationship	Attending College (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 – Prior, Prior Year Income Documentation

List income from all sources.

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

Section C – Untaxed Income

Do not leave any space blank	Prior, Prior Year	Current Calendar Year 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.	\$	
Child support received for any of your children. Don't include foster care or adoption payments.	\$	\$
Tax exempt interest income.	\$	\$
Untaxed portions of IRA distributions from. Exclude rollovers. If negative, enter a zero here.	\$	\$
Untaxed portions of pensions. 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, such as workers' compensation, disability benefits, etc. Also, include the untaxed portions of health savings accounts. 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	\$	\$
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Section E – Additional Financial Income

Do not leave any space blank	Prior, Prior Year	Current Calendar Year Estimated
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit).	\$	\$
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 prior, prior year? Yes No

Section G – Asset Verification

Do not leave any space blank	Prior, Prior Year	Current Calendar Year 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.	\$	\$
<p><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></p>	\$	\$
<p><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></p>		
As of the date you signed the FAFSA, what was the net worth of your business and/or investment farms?	\$	\$
<p><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></p>	\$	\$

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.”

Signature_____Date_____