



Pennsylvania Academy
of the Fine Arts

SPECIAL CIRCUMSTANCES APPEAL INFORMATION 2019-2020

Student Name: _____ Student ID: _____
Spouse Name: _____
Parent Name: _____
Telephone: _____

You have notified the Office of Financial Aid Services that your family has experienced a reduction in income. Your family's income must have substantially change from 2017 in order for the Financial Aid Administrator to re-evaluate your eligibility. Follow the steps listed below:

COMPLETE THE ENCLOSED 2019-2020 VERIFICATION FORM and provide copies of all the requested documents listed on the form.

CHECK ALL THAT APPLY

- ☐ **LOSS OF EMPLOYMENT** - This person must be out of work for at least 10 WEEKS IN 2018. Documentation must be provided verifying that the person's employment status has changed and the date the person became unemployed. You must also submit:
- A copy of your "**Notice of Final Determination**" from the unemployment office.
 - Copies of the last pay stub received from all employers for the 2018 year.
- ☐ **LOSS OF UNTAXED INCOME OR BENEFIT** - An immediate member of your family has lost some type of untaxed income or benefit (disability, child support, etc.). Official documentation stating the date the untaxed income or benefit was terminated is required.
- ☐ **DIVORCE OR SEPARATION** - Since filing the FAFSA, you/your parent has become divorced or separated. You must list the date the separation or divorce occurred _____ AND provide two (2) official documents to confirm the address of the estranged spouse. THE DOCUMENTS MUST LIST A STREET ADDRESS. P.O. Boxes are not acceptable. Official documents may include a copy of a lease, utility bill, credit card bill, driver's license, etc. Also, provide only your income information on Section B of this form and attach a copy of your 2018 W-2(s).
- ☐ **DEATH OF PARENT OR SPOUSE** - Since filing the FAFSA, your spouse/your parent has died. Please submit a copy of the Death Certificate.
- ☐ **OTHER / EXPENSES**- Specify and provide documentation _____.

Section B: Explanation of Income Reduction *(This section must be completed. Attach a separate page if necessary.)*

Be complete in your written explanation as it determines the processing of your reduction in income. Include all relevant information and documents. If you need additional space, continue on a separate sheet of paper. Please print or type your remarks.

LIST THE DATE THE CHANGE IN CIRCUMSTANCE OCCURRED: ____/____/____

Section C: Income Information for 2018

PROVIDE FIGURES FOR THE ENTIRE 2018 CALENDAR YEAR. INCLUDE ALL INCOME EXPECTED TO BE RECEIVED FROM JANUARY 1, 2018 UNTIL NOW AND ESTIMATE THE AMOUNTS TO BE RECEIVED FROM NOW UNTIL DECEMBER 31, 2018. WRITE THE TOTAL AMOUNT ON THE PROVIDED LINE. AFTER COMPLETING THE APPROPRIATE INCOME SECTION, SIGN THIS FORM, ATTACH ALL SUPPORTING DOCUMENTATION, AND SUBMIT ALL DOCUMENTS TO THE OFFICE OF FINANCIAL AID. IF ANY INFORMATION OR DOCUMENTS ARE MISSING OR INCOMPLETE YOUR REQUEST WILL NOT BE PROCESSED.

IF THE ANSWER IS ZERO OR THE LINE ITEM DOES NOT APPLY, YOU MUST WRITE "\$0".

TYPE OF INCOME	PARENT/STEP PARENT 2018 INCOME	STUDENT/SPOUSE 2018 INCOME
Taxable Income		
Student's/Father's income from work	\$ _____ /YEAR	\$ _____ /YEAR
Spouse's/Mother's income from work	\$ _____ /YEAR	\$ _____ /YEAR
Taxable interest income	\$ _____ /YEAR	\$ _____ /YEAR
Taxable pensions/annuities	\$ _____ /YEAR	\$ _____ /YEAR
Unemployment Compensation	\$ _____ /YEAR	\$ _____ /YEAR
Severance Pay	\$ _____ /YEAR	\$ _____ /YEAR
Alimony/Spousal Support	\$ _____ /YEAR	\$ _____ /YEAR
Student's/Father's Employer Disability	\$ _____ /YEAR	\$ _____ /YEAR
Spouse's/Mother's Employer Disability	\$ _____ /YEAR	\$ _____ /YEAR
Untaxed Income		
Untaxed pensions/annuities – exclude rollovers	\$ _____ /YEAR	\$ _____ /YEAR
Worker Compensation/Untaxed Disability	\$ _____ /YEAR	\$ _____ /YEAR
Child support received	\$ _____ /YEAR	\$ _____ /YEAR
401K/IRA/KEOGH contributions	\$ _____ /YEAR	\$ _____ /YEAR
Untaxed interest income	\$ _____ /YEAR	\$ _____ /YEAR
Other _____	\$ _____ /YEAR	\$ _____ /YEAR

Federal Benefits Programs

Will you/your spouse/your parent(s) or anyone in your household receive benefits from any of the federal benefits programs listed in 2018?
Mark all programs that apply.

- ☐ SUPPLEMENTAL SECURITY INCOME
☐ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
☐ SPECIAL SUPPLEMENTAL NUTRITIONAL PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)
☐ FREE OR REDUCED PRICE SCHOOL LUNCH
☐ FOOD STAMPS

HOUSEHOLD INFORMATION

Number in household

Number in college - at least ½ time (6-8 credits per term) in a program that leads to a college degree or certificate. Exclude parents.

_____	_____
_____	_____

Section D: Projected 2019 income

PLEASE PROJECT OR FORECAST YOUR 2019 INCOME AND ATTACH ANY PROOF OR SUPPORTING MATERIALS:

IF THE ANSWER IS ZERO OR THE LINE ITEM DOES NOT APPLY, YOU MUST WRITE "\$0".

		PARENT/STEP PARENT INCOME	STUDENT/SPOUSE INCOME
January	2019	\$ _____	\$ _____
February	2019	\$ _____	\$ _____
March	2019	\$ _____	\$ _____
April	2019	\$ _____	\$ _____
May	2019	\$ _____	\$ _____
June	2019	\$ _____	\$ _____
July	2019	\$ _____	\$ _____
August	2019	\$ _____	\$ _____
September	2019	\$ _____	\$ _____
October	2019	\$ _____	\$ _____
November	2019	\$ _____	\$ _____
December	2019	\$ _____	\$ _____

Federal Benefits Programs

Will you/your spouse/your parent(s) or anyone in your household receive benefits from any of the federal benefits programs listed in 2018? Mark all programs that apply.

- ☐ SUPPLEMENTAL SECURITY INCOME
☐ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
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HOUSEHOLD INFORMATION

Number in household _____

Number in college - at least ½ time (6-8 credits per term) in a program that leads to a college degree or certificate. Exclude parents. _____

Section E: Statement of Certification and Authorization

If any of the figures used on this form change, I/we accept the responsibility for contacting the Office of Financial Aid Services in writing with the corrected information.

Student's Signature

Date

Parent Signature

Date

(One parent must sign if parent information was required on the (FAFSA))

Please send form with documentation to the following address:

Pennsylvania Academy of the Fine Arts
Office of Financial Aid
128 North Broad Street
Philadelphia, PA 19102

OFFICE USE ONLY

OFFICE USE ONLY		INFORMATION NEEDED	
Verified EFC	_____	New EFC	_____
2018 AGI	\$ _____	2018 AGI	\$ _____
2018 Tax Paid	\$ _____	2018 Tax Paid	\$ _____
2018 Untaxed Income	\$ _____	2018 Untaxed Income	\$ _____
Date Reviewed	____/____/____	Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
FA Counselor	_____	Letter Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No