



Pennsylvania Academy  
of the Fine Arts

## SPECIAL CIRCUMSTANCES APPEAL INFORMATION 2021-2022

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 2019 in order for the Financial Aid Administrator to re-evaluate your eligibility. Follow the steps listed below:

**COMPLETE THE ENCLOSED 2021-2022 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 2020. 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 2020 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 2020 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Section C: Income Information for 2020**

**PROVIDE FIGURES FOR THE ENTIRE 2020 CALENDAR YEAR.** INCLUDE ALL INCOME EXPECTED TO BE RECEIVED FROM JANUARY 1, 2020 UNTIL NOW AND ESTIMATE THE AMOUNTS TO BE RECEIVED FROM NOW UNTIL DECEMBER 31, 2020. 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/STEEPP ARENT	STUDENT/SPOUSE
	2020 INCOME	2020 INCOME
<b>Taxable Income</b>		
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
<b>Untaxed Income</b>		
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 2019? *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 2021 income

PLEASE PROJECT OR FORECAST YOUR 2021 INCOME AND ATTACH ANY PROOF OR SUPPORTING MATERIALS:

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

	2021 Parent/Step Parent	2021 Student/Spouse
January	\$ _____	\$ _____
February	\$ _____	\$ _____
March	\$ _____	\$ _____
April	\$ _____	\$ _____
May	\$ _____	\$ _____
June	\$ _____	\$ _____
July	\$ _____	\$ _____
August	\$ _____	\$ _____
September	\$ _____	\$ _____
October	\$ _____	\$ _____
November	\$ _____	\$ _____
December	\$ _____	\$ _____

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## 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		
Verified EFC _____	New EFC _____	INFORMATION NEEDED
2020 AGI \$ _____	2020 AGI \$ _____	
2020 Tax Paid \$ _____	2020 Tax Paid \$ _____	
2020 Untaxed Income \$ _____	2020 Untaxed Income _____	
Date Reviewed ____/____/____	Approved \$ Yes · No	
FA Counselor _____	Letter Sent · Yes · No	