

SPECIAL CIRCUMSTANCES APPEAL INFORMATION 2022-2023

Student Name:	Student ID:	
Spouse Name:		
Parent Name:		
Telephone:		
Your family's income must	ce of Financial Aid Services that your family has experienced a reduct have substantially change from 2020 in order for the Financial Aid A. Follow the steps listed below:	
COMPLETE THE ENCLOSI listed on the form.	ED 2022-2023 VERIFICATION FORM AND provide copies of all the requ	ested documents
CHECK ALL THAT APPLY	,	
provided verifying that the must also submit: • A copy of your " No t	IT - This person must be out of work for at least 10 WEEKS IN 2020. Docur he person's employment status has changed and the date the person becaptice of Final Determination" from the unemployment office. Doay stub received from all employers for the 2021 year.	
	COME OR BENEFIT - An immediate member of your family has lost some bility, child support, etc.). Official documentation stating the date the \untagred.	• •
list the date the separation address of the estranged acceptable. Official docu	ATI ON - Since filing the FAFSA, you/your parent has become divorced or sion or divorce occurred AND provide two (2) official doc d spouse. THE DOCUMENTS MUST LIST A STREET ADDRESS. P.O. Bouments may include a copy of a lease, utility bill, credit card bill, driver's liceration on Section B of this form and attach a copy of your 2021 W-2(s).	cuments to confirm the oxes are not
DEATH OF PARENT OR the Death Certificate.	R SPOUSE - Since filing the FAFSA, your spouse/your parent has died. Ple	ease submit a copy of
· OTHER / EXPENSES- Sp	pecify and provide documentation	<u>.</u>

Section B: if necessary.)	Explanation of Income Reduct	tion	(This section must be completed	l. Attach a separa	te page
	n your written explanation as it determine d documents. If you need additional spa				
	DATE THE CHANGE INCIR	CUN	ISTANCE OCCURR	ED:/	
Section C:	Income Information for 2021				
JANUARY 1, 2021 PROVIDED LINE. A SUBMIT ALL DOCU PROCESSED.	JRES FOR THE ENTIRE 2021 CALENDAR UNTIL NOW AND ESTIMATE THE AMOUNTS TO BE RI FTER COMPLETING THE APPROPRIATE INCOME SEC' MENTS TO THE OFFICE OF FINANCIAL AID. IF ANY THE ANSWER IS ZERO OR THE LINE	ECEIVED TION, SIG INFORM	FROM NOW UNTIL DECEMBER 31, 2 GN THIS FORM, ATTACH ALL SUPPOR ATION OR DOCUMENTS ARE MISSING	2021. WRITE THE T RTING DOCUMENTA G OR INCOMPLETE	OTAL AMOUNT ON THE FION, AND YOUR REQUEST WILL NOT BE
	DF INCOME		ENT/STEPP ARENT	STUDENT/SP	
TYPE (OF INCOME	202	21 INCOME	2021 IN 0	COME
	le Income				
	nt's/Father's income from work	\$	/YEAR	\$	<u>/YEAR</u>
•	e's/Mother's income from work	\$	/YEAR	\$	/YEAR
	Taxable interest income		/YEAR	\$	/YEAR
	e pensions/annuities	φ_	/YEAR	\$	/YEAR
	ployment Compensation	ф_	/YEAR	\$	/YEAR
	ance Pay	\$_	/YEAR	\$	/YEAR
	y/Spousal Support	\$_	/YEAR	\$	/YEAR
	nt's/Father's Employer Disability	\$	/YEAR	\$	/YEAR
	e's/Mother's Employer Disability	\$	/YEAR	\$	/YEAR
	ed Income	_	0.7-0-	•	
Untaxe rollove	ed pensions/annuities – exclude rs	\$_	/YEAR	\$	/YEAR
Worke	r Compensation/Untaxed Disability	\$	/YEAR	\$	/YEAR
	support received	\$	/YEAR	\$	/YEAR
	RA/KEOGH contributions	\$	/YEAR	\$	/YEAR
	ed interest income	\$	/YEAR	\$	/YEAR
Other		\$	/YEAR	\$	/YEAR
	al Benefits Programs	T			
	u/your spouse/your parent(s) or anyone	•	SUPPLEMENTAL SECURITY INC	COME	
	household receive benefits from any of	•	TEMPORARY ASSISTANCE FOR		S (TANF)
	eral benefits programs listed in 2021?	•	SPECIAL SUPPLEMENTAL NUT		
	all programs that apply.		INFANTS AND CHILDREN (WIC)		o and one or one or,
wark a	iii programo mat appiy.	•	FREE OR REDUCED PRICE SCH FOOD STAMPS		
	HOLD INFORM ATI ON				
	er in household		 -	-	
term) in	er in college - at least ½ time (6-8 credits per a program that leads to a college degree or e. Exclude parents.				

Section D: Projected 2022 income

PLEASE PROJECT OR FORECAST YOUR 2022 INCOME AND ATTACH ANY PROOF OR SUPPORTING MATERIALS:

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

	2022 Parent/Step Parent	2022 Student/Spouse
January	\$	\$
February	\$	\$
March	\$	\$ \$
April	\$	\$
May	\$	\$
June	\$	\$
July	\$	\$
August	\$	\$ \$
September	\$	\$
October	\$	\$
November	\$	\$
December	\$	\$
Federal Benefits Programs		
Will you/your spouse/your parent(s) or anyone	SUPPLEMENTAL SECURITY	INCOME
in your household receive benefits from any of	TEMPORARY ASSISTANCE I	FOR NEEDY FAMILIES (TANF)
the federal benefits programs listed in 2022?	 SPECIAL SUPPLEMENTAL N 	IUTRITIONAL PROGRAM FOR WOMEN,
Mark all programs that apply.	INFANTS AND CHILDREN (W	/IC)
	FREE OR REDUCED PRICE :	SCHOOL LUNCH
HOUSEHOLD INFORM ATI ON	• FOOD STAMPS	
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.		
ion E: Statement of Certification and A	Authorization	
of the figures used on this form change, I/we acceing with the corrected information.	ept the responsibility for contac	cting the Office of Financial Aid Se
undentia Cignatura	Derent Signature	Dete
udent's Signature Date	Parent Signature	Date tinformation was required on the (FAFSA)

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

O-From Lion Own							
	OFFICE USE ONLY						
Verified EFC	New EFC	IN FOR MATION 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						