

# Special Circumstances Form 2018-2019 Academic Year

Carson-Newman University

At some point in the financial aid process, you have indicated circumstances that you would like for us to review as we process your financial aid. Follow the steps below and return this form with the appropriate documentation to the address at the end of this form. The information you provide on this form will be reviewed to determine if adjustments to your FAFSA can be made. **Please allow 3 to 4 weeks processing time.** You will be notified of the decision by the Office of Financial Aid via email. All decisions made by the Office of Financial Aid concerning special circumstances are final. If you have questions, please contact the Office of Financial Aid at (865) 471-3247.

Step One: Verification of current 2018-2019 FAFSA information

- ◆ Complete and attach the Verification Worksheet found at <http://admissions.cn.edu/admissions/finaid/forms>.
- ◆ If Data Retrieval was not used to provide 2016 tax information for tax filers, please attach copies of 2016 IRS Tax Return Transcripts for each tax filer. For any non-filers with 2016 W2 income, please provide copies of all 2016 W2's.

Step Two: The Appeal

- ◆ Complete Section A of this form.
- ◆ In Section B, check the boxes that apply to your situation and provide the requested supporting documentation.
- ◆ Only complete the Income Assessment portion in Section C if appealing due to loss of income.
- ◆ Student and Parent (if student is dependent) read and sign the certification in Section D.

## Section A - Student Information

Name: \_\_\_\_\_ CN ID# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent (s) whose information was provided on your FAFSA:

Mother's (Stepmother's) Name: \_\_\_\_\_

Father's (Stepfather's) Name: \_\_\_\_\_

Telephone number where you or your parent can be reached in the event of questions:

Student phone number: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

## Section B - Special Circumstances

Appeals will only be considered for the following life altering events:

### Income Loss (Student or Parent) due to termination or job change

- Separation Notice / Termination Notice or documentation from employer showing last date of employment.
- Documentation of severance package (if one exists).
- Copy of last paystub received from the terminated employment position or 2017 W2., whichever is most recent.
- Copy of last paystub received from current employer in the event of a job change.
- Please initial appropriate box:
  - I am currently still unemployed
  - I recently obtained employment, but for less pay.

## Section B - Special Circumstances (cont.)

### Loss of Untaxed Income

- Loss of Child Support; provide court documentation showing benefit termination date.
- Loss of Worker's Compensation; provide official documentation showing termination date

### Loss of Taxable Income

- Loss of Alimony; provide court documentation showing benefit termination date
- Loss of Unemployment Benefits; letter from unemployment office showing benefit termination date.
- Loss of income due to death of a spouse; provide copy of death certificate and copy of 2017 W2 or last 2018 pay stub.
- Loss of income due to separation/divorce; provide copy of separation agreement or divorce decree and copy of 2016 W2 or copy of Schedule C, if self-employed, for the parent whose income information is to be included on the 2018/2019 FAFSA.

### Excessive Medical Expenses

*Payments made out of pocket beyond what your insurance covers within a one year time frame. The amount must be significant enough to have been included as an itemized deduction on Schedule A of your 2016 tax return. A copy of the Schedule A must be provided.*

### Other Circumstances as they relate to Loss of Untaxed or Taxable Income

Please List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section C - Income Assessment Form (ONLY COMPLETE IF APPEALING INCOME LOSS/CHANGE)

Please complete the table below . Report all income you received for 2016 and 2017. If income loss/change occurred in 2018, then provide 2018 YTD information. In addition, please provide the following documentation:

- 2016 W-2 Forms
- 2017 W-2 Forms
- Most recent 2018 Pay Stub (**only if loss/change occurred in 2018**)
- Documentation supporting income amounts from all other sources listed.

Income Sources	Actual 2016 Income	Actual 2017 Income	2018 YTD Income
FATHER: expected income earned from work (wages, salaries, tips, net farm or business)	\$	\$	\$
MOTHER: expected income earned from work (wages, salaries, tips, net farm or business)	\$	\$	\$
Other Taxable income: (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains) SOURCE:	\$	\$	\$
Social Security benefits	\$	\$	\$
Child Support received	\$	\$	\$
Other untaxed income: (earned income credits, welfare benefits, workers comp., payments to IRA/Keogh, etc) SOURCE:	\$	\$	\$
<b>Total Parental Income</b>	\$	\$	\$

### Independent Student's Income Information

Income Sources	Actual 2016 Income	Actual 2017 Income	2018 YTD Income
STUDENT: expected income earned from work (wages, salaries, tips, net farm or business)	\$	\$	\$
SPOUSE: expected income earned from work (wages, salaries, tips, net farm or business)	\$	\$	\$
Other Taxable income: (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains) SOURCE:	\$	\$	\$
Social Security benefits	\$	\$	\$
Child Support received	\$	\$	\$
Other untaxed income: (earned income credits, welfare benefits, workers comp., payments to IRA/Keogh, etc) SOURCE:	\$	\$	\$
<b>Total Student and/or Spouse Income</b>	\$	\$	\$

### Section D - Certification and Signature

My signature below certifies that the information I have provided on this form is true. I agree to provide proof of the information if and/or when requested. I understand that the penalty for providing false or misleading information is a \$10,000 fine, a prison sentence, or both.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse of Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appeals will not be reviewed until all information is complete. If additional documentation is requested, please submit as soon as possible. If the information is not received by the deadline indicated at the time of the request, we will assume that you do not wish to pursue the appeal.**

**Carson-Newman University  
Office of Financial Aid  
1646 Russell Avenue  
Jefferson City, TN 37760**

**Phone: 865-471-3247  
800-678-9061  
Fax: 865-471-2035**

**Email: [financialaid@cn.edu](mailto:financialaid@cn.edu)**