

DEPENDENT STUDENT SPECIAL CIRCUMSTANCES APPEAL

ACADEMIC YEAR 2023-2024

INSTRUCTIONS AND FORM

You may complete the Special Circumstances Appeal form if you are a dependent student whose parents' current financial situation is not accurately reflected by the 2021 tax information. Your family's 2021 income is used to assess your financial need for the 2023-2024 school year, in accordance with federal laws and regulations. If your family's income is lower due to special circumstances, a financial aid administrator may be able to use estimated 2023 income to calculate financial need.

If you have not already done so, you must first apply for federal financial aid by completing the 2023-2024 Free Application for Federal Student Aid (FAFSA) with 2021 tax information. After submitting the FAFSA, please provide information regarding your reduction in income by completing this form. Your appeal is complete only when you attach the documentation that validates your family's special circumstances. No action will be taken until all of the documentation appropriate to your circumstance is submitted to the Office Enrollment Services.

Documentation is essential

Your family must submit all of the following documentation:

- 1. **A personal statement** with a parental signature that explains their situation.
- Your parents' 2021 federal tax return transcript.
 Please have parent sign here if they did NOT file a tax return:
- 3. Your student 2021 federal tax return transcript. Please sign here if you did NOT file a tax return:
- 4. Sections 1, 2, and 3 of the Special Circumstances Appeal form (attached) completed correctly.

Appeal categories

In addition, select the category from the following list that most closely describes your 2023-2024 special circumstance. Read the description carefully and attach all of the documentation requested under that category.

CATEGORY: Parent enrolled at least half time in a degree or certificate college program

 Provide a paid tuition and fee statement that indicates the number of credits for which your parent is registered during the 2023-2024 academic year.

CATEGORY: Separation, divorce, or death

You have already filed your annual Free Application for Federal Student Aid (FAFSA) and since that time, your parents have separated or divorced, or a parent 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 parent.

CATEGORY: Tuition expenses for private elementary or secondary education

Your parent(s) pay elementary or secondary school tuition for a member of your family during the 2023-2024 academic year. Only expenses not covered or reimbursed by another agency/source will be considered. Only tuition incurred during the 2023-2024 academic year (after September 2023 will be considered).

• Provide the **school's enrollment contract** that includes name(s) of your parent's child(ren) enrolled during the 2023-2024 academic year, tuition cost, and the amount of any scholarships that subsidize the tuition.





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CATEGORY: Loss or reduction of employment

Your parent earned money in 2021 and has had an income reduction (loss of overtime compensation will not be considered), or has lost employment for at least 10 weeks in 2023 that has resulted in a reduction of wages. **Ten (10) weeks** must have passed prior to submission of this appeal for either circumstance

- Provide written verification from your parent's 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; and
- a written statement from your parent's current or future employer(s) that indicates his/her expected gross earnings for the calendar year 2023. Year 2023 income must be documented with a letter from your parent's employer projecting income or with copies of your parent's two most recent pay stubs; and
- eligibility forms that indicate dates and amount of unemployment benefits

CATEGORY: Loss of taxed/untaxed income or benefit

Your parent received unemployment compensation, or another taxed or untaxed income or benefit in 2021 and has completely lost that income or benefit for at least 10 weeks in the calendar year 2023 Ten (10) 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 veterans' benefits.) Income and benefits include: Social Security benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, and welfare benefits.

Provide copies of all contracts, agency notices, or legal papers that indicate the date your parent's taxed/ untaxed income
or benefit was terminated, what amount of income came from that source, and how that income was used.

CATEGORY: Loss of one-time income

Your parent received one-time income in 2021 that will not occur in 2023 (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 parent's one-time income was terminated, what amount of income came from that source, and how that income was used.

CATEGORY: Unusual, unreimbursed medical care expenses

NOTE: Only expenses already paid directly by your parent(s) will be considered.

Unexpected/non-recurring medical expenses—Your parent(s) 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. Only those costs not covered by insurance or another agency may be considered.

Payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses, birth control prescriptions, and elective or cosmetic procedures (e.g., orthodontic braces) are not considered medical unusual expenses and will **not** be considered for the Special Circumstances appeal.

Provide copies of canceled checks that document your paid medical expense.

Medical expenses for a certified disability—If you, the student, 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 statements from a health care provider and Disability Services that document the unusual condition.
- Provide canceled checks, receipts, or copies that demonstrate payment for medical treatment of this condition.



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ACADEMIC YEAR 2023-2024

DEPENDENT STUDENTS

Read the special circumstances Appeal Instructions carefully before completing this form. You must complete Sections 1,2 and 3. Please return by December 31, 2023

Send Completed Form To:

University of Rhode Island Enrollment Services Green Hall 6 Rhody Ram Way Kingston, RI 02881 USA

Phone: (401) 874-9500 **Fax:** (401) 874-2002 Email: esmail@etal.uri.edu

SECTION 1. Background					Website: web.uri.edu/enrollment			
				Student ID numb	ent ID number Date			
Address (street or P.O. box, apartment number, city, state, ZIP Code)					Telephone with area code ()			
List ALL family members included on your 2023-2024 Free Application for Federal Student Aid (FAFSA). If you need more space, you may add more family members in your personal								
Name	Birth Relationship Postsecondary institution date to student part time between July 1			institution s/he wil	II attend a	Social Security number		
		Self						
		Parent 1						
		Parent 2						
		Sibling						
		Sibling					_	
SECTION 2. Income source table	le			Actual	Es	timated	Total	
January 1 through December 31, 2023				1/1/23- today	Today	/ – 12/31/23	Actual plus estimated	
Income earned from work by parent 1 (wages, salary, and tips, for example)							1	
Income earned from work by page 2.	arent 2 (wage:	s, salary, and tips	s, for example)					
3. Income earned from work by student (wages, salary, and tips, for example)					1			
4. Business, farm, or rental income					1			
5. Interest/dividend income; Specify source and value								
6. Unemployment compensation								
7. Capital gains								
8. Spousal maintenance								
9. Child support								
10. Welfare benefits (such as AFDC, TANF, FOOD STAMPS, or SNAP)					1			
11. Veterans benefits					1			
12. Social Security benefits (including SSI)					1			
13. Worker's compensation					1			
14. Short-term or long-term disability benefits					1			
15. Severance pay					1			
16. Withdrawal from retirement account					1			
17. Other income (such as pension, annuity, rental income, housing allowance, bonuses)				nuses)				
SECTION 3. Certification								
To the best of my knowledge, the information in this appeal is true. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. I understand that my federal tax return will be used to verify								
the current financial aid application information. WARNING: If you use this form to establish eligibility for federal student financial aid and purposely give false or								
misleading information, you may be fined \$10,000, sent to prison, or both Student signature					Date			
- Claudin Organical					Date			
Parent signature					Date			

