

SPECIAL CIRCUMSTANCES FORM

Student Name (please print) _____

Social Security Number or Witt ID # _____

Please complete and return this form along with your required documentation to the Office of Financial Aid for review of your financial aid file for the 2023-2024 academic year. Appeals submitted without documentation will not be processed or reviewed. *If your special circumstance has occurred during the 2023 calendar year, please contact the Office of Financial Aid for assistance. You may not be able to submit your appeal until June 1, 2023 if your situation occurred during the 2023 calendar year.*

Section 1: Circumstances for Appealing & Required Documentation to Support Your Appeal

Circumstance for Appeal	Required Documentation for Your Specific Circumstance	Required Documentation for All Appeals
<input type="checkbox"/> Unplanned loss of income or benefits during 2022 or 2023 <input type="checkbox"/> This unplanned loss of income or benefits includes loss of job, child support, alimony, social security, worker's compensation.	<input type="checkbox"/> Last paycheck stub for income earnings loss of income or benefits <input type="checkbox"/> Monthly unemployment wage and benefit statements <input type="checkbox"/> Documentation of lost commissions or wages if not eligible for unemployment wages and benefits <input type="checkbox"/> Write a brief summary of your situation; please include the start date for your loss of income or benefits.	<p>The Office of Financial Aid must also have the documentation for the review process.</p> <p>Without this documentation and the documentation for your specific circumstance, we cannot fully complete the review your appeal.</p> <input type="checkbox"/> Completed Verification Worksheet <input type="checkbox"/> 2021 Federal Tax Returns & W-2 forms (student and parent) <input type="checkbox"/> For changes during the 2022 calendar year: 2022 Federal Tax Returns & W-2 Forms (student and parent)
<input type="checkbox"/> Temporary unplanned unemployment or furlough (not total job loss) <input type="checkbox"/> Temporary job loss due to the COVID-19 global health pandemic during 2022 or 2023.	<input type="checkbox"/> Last paycheck stub for income earnings prior to short term unemployment or furlough <input type="checkbox"/> Monthly unemployment wage and benefit statements <input type="checkbox"/> Documentation of lost commissions or wages if not eligible for unemployment wages and benefits <input type="checkbox"/> Write a brief summary of your situation; please include the start date and end date for your temporary unemployment or furlough.	
<input type="checkbox"/> One time draw of retirement benefits or pension in the 2021 tax year.	<input type="checkbox"/> Documentation of the one-time draw of funds <input type="checkbox"/> Write a brief summary of your situation and use of one-time funding.	
<input type="checkbox"/> Extraordinary childcare expenses or elder care expenses.	<input type="checkbox"/> Documentation of the expenses paid out-of-pocket (receipts, statements, etc.) <input type="checkbox"/> Write a brief summary of your situation.	
<input type="checkbox"/> Extraordinary out-of-pocket medical expenses.	<input type="checkbox"/> Receipts for medical expenses paid out of pocket <input type="checkbox"/> Write a brief summary of your situation.	
OTHER: _____ _____ _____	<input type="checkbox"/> Please contact the Office of Financial Aid for advice. Write a brief summary of your situation.	

Reminder: Your appeal will not be processed or reviewed without all required documentation submitted.

Section 2: Income Separations and Required Documentation

This section of the Special Circumstances Appeal Form is for families who require an income separation due to death, divorce, or legal separation. Please submit all required documentation so that appropriate adjustments to the FAFSA are made.

Circumstance for Income Separations	Required Documentation for <u>Your Specific Circumstance</u>	Required Documentation for <u>All Income Separations</u>
<input type="checkbox"/> Divorce of student/spouse or parents as listed on the FAFSA	<input type="checkbox"/> Copy of divorce decree- must be signed and court approved.	<p>The Office of Financial Aid must also have the documentation for the review process.</p> <p>Without this documentation and the documentation for your specific circumstance, we cannot fully complete the review your appeal.</p>
<input type="checkbox"/> Legal separation of student/spouse or parents as listed on the FAFSA	<input type="checkbox"/> Copy of legal separation agreement- must be signed by authorized official	
<input type="checkbox"/> Death of student's spouse or parent(s) as listed on the FAFSA.	<input type="checkbox"/> Copy of death certificate- signed by authorized official	
<p>OTHER: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Please contact the Office of Financial Aid for advice. <input type="checkbox"/> Write a brief summary of your situation.	<input type="checkbox"/> Completed Verification Worksheet <input type="checkbox"/> 2021 Federal Tax Returns & W-2 forms (student and parent) <input type="checkbox"/> For changes during the 2022 calendar year: 2022 Federal Tax Returns & W-2 Forms (student and parent) <p>Reminder: Your appeal will not be processed or reviewed without all required documentation submitted.</p>

Section 3: Signatures

Attestation: The information provided through this appeal process is thorough and accurate. By submitting this appeal, we understand there is not an implied guarantee of additional financial aid awards or a reduction of costs for attending Wittenberg University.

Student Signature

Parent Signature *(only if dependent student)*

Date



Federal Verification Worksheet 2023-2024

INSTRUCTIONS

General Instructions: Your FAFSA has been selected by the U.S. Department of Education for federal verification, a review process which requires our office to verify certain data fields from your FAFSA. By law, we must collect all information requested on this form along with any necessary supporting documentation.

This process must be complete before we can apply your financial aid to your account; **therefore we encourage you to submit all requirements within 30 days of receipt. For your convenience, you can [email or fax](mailto:financial-aid@wittenberg.edu) the documentation to the Office of Financial Aid at financial-aid@wittenberg.edu, or fax to 937.327.6379.**

STUDENT INFORMATION

Student's Name _____ Cell Phone # _____
Last First MI

Permanent Address _____
Street Address City State Zip

SSN or WITT ID# _____ Email Address _____

HOUSEHOLD INFORMATION

Dependent Students: List the people that your parent(s) will support between July 1, 2023 and June 30, 2024. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.). Include the following:

- Yourself, **and**
- Your parent(s), **and**
- Your parent(s)' other children if (a) your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024, or (b) the children would be required to give parental information when applying for federal student aid in 2023-2024, **and**
- Other people if they now live with your parent(s) and your parent(s) will provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024;

Independent Students: List the people that you (and your spouse) will support between July 1, 2023 and June 30, 2024. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.). Include the following:

- Yourself (and your spouse, if you have one), **and**
- Your children, if you will provide more than half of their support from July 1, 2023 through June 30, 2024, **and**
- Other people if they now live with you and you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Please read guidelines above before completing. Attach extra page if needed.

Family Member	Age	Relationship to Student	College Attending	Enrolled at least ½ time
		SELF	WITTENBERG UNIVERSITY	YES

FEDERAL TAX RETURN FILING STATUS

Student (& Spouse) Filing Status *(all students)*

- ☐ I have already filed my 2021 federal income tax return and
- ☐ Successfully used the DRT on the FAFSA **OR**
- ☐ have Included a **SIGNED copy of my 2021 Tax Return.**

****IF the tax return is received UNSIGNED, it will be sent back to be signed.**

- ☐ I had to amend my 2021 return and will therefore submit
- ☐ a signed copy of my 2021 IRS 1040X form **AND**
- ☐ a signed copy of my ORIGINAL 2021 Tax Return

- ☐ I was NOT employed in 2021 and had no income
- ☐ I was employed 2021, but was not required to file a federal tax return. SEE BELOW****

*****IF YOU ARE A NON TAX FILER,**
PLEASE SEE BELOW

Parent(s) Filing Status *(dependent students only)*

- ☐ My parents have already filed their 2021 Federal Tax return and
- ☐ Successfully used the DRT on the FAFSA **OR**
- ☐ have Included a **SIGNED copy of my 2021 Tax Return**

****IF the tax return is received UNSIGNED, it will be sent back to be signed.**

- ☐ My parents had to amend their return and will therefore submit
- ☐ a signed copy of their 2021 IRS 1040X form **and**
- ☐ a signed copy of their ORIGINAL 2021 Tax Return.

- ☐ My parents will not and are not required to file a 2021 federal tax return. ***

*****IF YOU ARE A NON TAX FILER,**
Please SIGN below and you must request a
Verification of Non-Filing Letter from the IRS.
You can find more info on this at www.irs.gov

For NON-Tax Filers:

This signed statement certifies that I _____ (Print Student's Name) did not file taxes in 2021 and was not required to file taxes in 2021.

Student Signature _____ Date _____

This signed statement certifies that I _____ (Print Parent's Name(s)) did not file taxes in 2021 and was not required to file taxes in 2021.

Parent(s) Signature _____ Date _____

_____ Date _____

Signature(s) - REQUIRED

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student _____ Date _____

Parent (if dependent) _____ Date _____