



INDIANA UNIVERSITY FORT WAYNE

OFFICE OF STUDENT FINANCIAL SERVICES

2023-2024 Special Circumstance – Expected Family Contribution Appeal

Who should file an appeal?

If your financial situation has changed from 2021 to 2023, you can submit this application to have your financial aid eligibility re-evaluated. Some of the most common changes in financial situations are listed on page 2. Before submitting this form, please note the following:

- You must file the Free Application for Federal Student Aid (FAFSA) for the 2023-2024 academic year.
- If your FAFSA application has been selected for verification, the verification process must be completed before review of this application will begin.
- If your Expected Family Contribution (EFC) is already zero (0), you should not submit an appeal. You are currently receiving the maximum amount of aid and we are unable to make any further adjustments. You can find your EFC through your Student Center on One.IU by clicking on “View Financial Aid,” selecting the 2024 award year, and clicking “Financial Aid Need Summary.”
- Your application should be submitted no later than 30 days before the end of the award period.
- Completing this form does not guarantee an increase in aid.
- If you have previously submitted a special circumstances application, you should not file an additional appeal based on the same reason unless instructed to do so by this office.

How do I file an appeal?

Please submit:

- this completed application;
- a typed narrative explaining the situation; and
- all supporting documentation listed under the requested category

Submit all items to the Office of Student Financial Services. Completed forms can be uploaded to <https://go.iu.edu/FAsecure>. Please include your student ID number on all documents.

When will I know the outcome?

Applications are reviewed within 21 business days. Incomplete applications may take longer to review. Please monitor your IU email. Requests for additional documentation or appeal decisions will be communicated by email.



INDIANA UNIVERSITY FORT WAYNE

OFFICE OF STUDENT FINANCIAL SERVICES

2023-2024 Special Circumstance – Expected Family Contribution Appeal

Section I: Listed below are examples of special circumstances. Please document all circumstances that apply and provide the required materials. If you have a circumstance not addressed below, visit <https://calendly.com/iupuiosfs> to schedule an appointment with a financial aid counselor.

Circumstance	Required Documentation
<p>Loss or Decrease of Income Voluntary job loss must be due to academic program requirements or circumstances beyond the employee's control. For dependent students, the loss must generally occur to parent income.</p>	<ol style="list-style-type: none"> 1. In a typed statement, provide a detailed explanation of job loss, wage decrease, or salary decrease. 2. For a job loss, provide a letter on company letterhead, with beginning and ending dates of employment, earnings, and any compensation received in 2023. 3. If unemployment compensation was received in 2023, provide a copy of the most recent benefit statement. If no benefits were received, provide an explanation in your typed statement. 4. Provide any year-to-date pay stub(s) for work in 2023 or a letter from employer stating wages or salary. 5. Complete Section II (page 3) to estimate 2023 income.
<p>Divorce, Separation, or Widowed after 2023-2024 FAFSA was submitted</p>	<ol style="list-style-type: none"> 1. In a typed statement, describe current living arrangements for family members, including all children. 2. Provide documentation indicating the change in marital status (e.g., statement of separation, signed copy of divorce decree, letter from an attorney or court, or death certificate). 3. Provide documentation indicating information regarding support the "custodial" parent/student will receive, including child support/alimony payments or insurance settlement, pension payments, IRAs, etc., if applicable. 4. Provide "custodial" parent or student 2021 federal tax transcripts and W2s.
<p>Loss of One-Time or Non-Recurring Income</p>	<ol style="list-style-type: none"> 1. In a typed statement, provide a detailed explanation of the one-time or non-recurring income and how the funds were used. 2. Provide documentation showing the amount of the one-time income.
<p>Unusual Medical, Dental, or Nursing Home Expenses</p>	<ol style="list-style-type: none"> 1. In a typed statement, provide a detailed explanation of the unusual medical, dental, or nursing home expenses. 2. Provide a receipt, canceled checks, or other documentation showing payment for expenses. 3. Provide documentation of costs covered by insurance. 4. Provide a copy of 2021 federal income tax form Schedule A (Itemized Deductions). Please note that a copy of a 2021 federal tax transcript may be requested.
<p>Parent attending college at least half time.</p>	<ol style="list-style-type: none"> 1. Parent must be attending an institution that is eligible for Title IV aid and seeking a degree at that institution. 2. Provide a copy of the parent's current or upcoming schedule showing at least half time enrollment.



INDIANA UNIVERSITY FORT WAYNE

OFFICE OF STUDENT FINANCIAL SERVICES

2023-2024 Special Circumstance – Expected Family Contribution Appeal

Section II: Complete this section only if you are appealing due to loss or decrease of income or due to divorce, separation, or death. Report your total projected income and adjustments from all sources for January 1 through December 31, 2023. If income listed does not apply, answer with “0” or “none.”

Independent		Income & Benefits for 2023	Dependent	
Self	Spouse		Parent 1	Parent 2
		Wages		
		Unemployment benefits		
		Interest/dividend income		
		Tax-deferred payments to pensions or retirement accounts		
		Child support received for all children		
		Alimony		
		Severance pay		
		Pensions and/or annuities distributions		
		Business/farm income		
		Rental income		
		Housing allowance (military or clergy)		
		Other (please specify):		
		Other (please specify):		
Independent		Income Adjustments for 2023	Dependent	
Self	Spouse		Parent 1	Parent 2
		Child support paid for all children		
		Other (please specify):		
		Other (please specify):		

Section III: Affirmation Statement: I certify that the information provided on this form is complete and accurate to the best of my knowledge. Additional information may be requested and must be received before the appeal is reviewed.

Student Signature: _____ Date: _____
To sign this form please print the form and provide your signature

Student ID Number: _____

Signature of Spouse/Parent: _____ Date: _____
Required when reducing spouse or parent income, including the parent in the household following divorce, separation or death of one parent