

## **Special Circumstances Appeal Form**

Aid Yea	r: 2024-25	Form Name: Independent Loss of Employment or Income
Student	's Name:	University ID #:
recalculati 2022 inco	ng your financial aid eligibility based on y	n income that occurred <b>on or after 01/01/2023</b> that merit our projected annual 2024 income rather than the federally required be able to document that the reduction of income has occurred for a appeal.
completed		025 Free Application for Federal Student Aid (FAFSA) must be mitted. UMD must be able to fully document why a decision was eals will not be reviewed.
submitted of an appe	documents, additional supporting docume	receipt of all requested documents. After the initial evaluation of your nts may be requested which may lengthen the review time. Submission al. Additionally, approval of an appeal does not guarantee receipt of g charges with UMD.
	<b>D DOCUMENTS:</b> If a document listed be indicating why you do not have the docu	ow does not apply to your situation, please submit a signed ment.
1) Com	pleted and hand-signed appeal form (all p	pages)
2) A typ	ped statement that explains your circumsta	ances in detail – must be signed by hand and dated
	2 Tax Return Transcript and all accompanying all accompanying schedules for the studer	ng schedules or a signed copy of 2022 IRS Form 1040 federal return nt
	2 Tax Return Transcript and all accompanying and all accompanying schedules for the	ng schedules or a signed copy of 2022 IRS Form 1040 federal tax student's spouse (if applicable)
5) <u>2022</u>	2 Wage and Income Transcript for the stud	lent (copies of all W2s, 1099)
6) <u>2022</u>	2 Wage and Income Transcript for the stud	lent's spouse (if applicable) (copies of all W2s, 1099)
7) The	final/most recent 2024 pay stubs for all me	embers of your household (as defined in Section 3)
8) Term	nination notice(s) from employer(s) or lette	r(s) of resignation
9) Disal	bility benefits statement(s) from the Unem	ployment Administration showing monthly benefits or denial thereof
incomple documen	ete, your appeal will not be reviewed.	requested in the following sections. If any sections are left Include the student's University ID number in all of the Idocuments on the Submit Special Circumstances Appeal
Section 1	: List all asset information as of the date y Total cash, savings, and checking accoun	

Section 2: List all projected annual income and benefits from January 1, 2024, to December 31, 2024.

INCOME SOURCE (Projected until the end of the year)	STUDENT	SPOUSE
Wages, salaries, tips (including severance pay)	\$	\$
Pensions and Annuities	\$	\$
Interest and/or Dividend Income	\$	\$
Business/farm Income	\$	\$
Unemployment Compensation	\$	\$
Alimony	\$	\$
Social Security/SSI Benefits	\$	\$
Workers Compensation	\$	\$
Disability Benefits	\$	\$
Retirement Benefits	\$	\$
Child Support	\$	\$
Welfare Benefits/TANF	\$	\$
Other Untaxed Income	\$	\$
TOTAL PROJECTED INCOME	\$	\$

**Section 3:** Please complete the chart below by listing all people in your household (family size). Include the name of the college for any household member who will be enrolled <u>at least half-time</u> in a degree or certificate program at a postsecondary educational institution any time between July 1, 2024 and June 30, 2025. If additional space is needed, use an extra page. The definition of "household" includes:

- Yourself
- Your spouse, if you are married
- Your children even if they do not live with you if you will provide more than half of their financial support from July 1, 2024, to June 30, 2025, or if they would be required to provide parental information if they were completing their own FAFSA for 2024–2025.
- Other people who now live with you, if you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

Full Name	Age	Relationship to Student	College (if enrolled at least half-time)
		Self	University of Maryland (UMD)

## STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in an actual change to the financial aid already offered. All persons providing information for this appeal must sign below.

Student's Signature:	Date: