UNIVERSITY OF MARYLAND

Special Circumstances Appeal Form

Aid Year: 2024-25   **Form Name:** Independent Death of Spouse

Student's Name: _____   **University ID #:** _____

If your family has experienced significant changes in income due to the death of your spouse **on or after 01/01/2024**, please complete this form.

Before your appeal can be considered, your 2024-2025 Free Application for Federal Student Aid (FAFSA) must be completed and all required documents must be submitted. UMD must be able to fully document why a decision was made to adjust a student's FAFSA. **Incomplete appeals will not be reviewed**.

Appeal reviews will be completed within 3-4 weeks of receipt of all requested documents. After the initial evaluation of your submitted documents, additional supporting documents may be requested which may lengthen the review time. Submission of an appeal does not guarantee approval of an appeal. Additionally, approval of an appeal does not guarantee receipt of additional aid. You are responsible for all outstanding charges with UMD.

REQUIRED DOCUMENTS: If a document listed below does not apply to your situation, please submit a signed statement indicating why you do not have the document.

1) Completed and hand-signed appeal form (all pages)

2) A typed statement that explains your circumstances in detail – must be signed by hand and dated

3) 2022 Tax Return Transcript and all accompanying schedules or a signed copy of 2022 IRS Form 1040 federal return and all accompanying schedules for the student

4) 2022 Tax Return Transcript and all accompanying schedules or a signed copy of 2022 IRS Form 1040 federal tax return and all accompanying schedules for the student's spouse (if applicable)

5) 2022 Wage and Income Transcript for the student (copies of all W2s, 1099...)

6) 2022 Wage and Income Transcript for the student's spouse (if applicable) (copies of all W2s, 1099...)

7) A copy of the spouse's death certificate

INSTRUCTIONS: Please provide all information requested in the following sections. If any sections are left incomplete, your appeal will not be reviewed. Include the student's University ID number in all of the documents submitted. Please upload all appeal documents on the Submit Special Circumstances Appeal Forms & Other Supporting Documents page.

Section 1: List all asset information as of the date you initially filed your 2024-2025 FAFSA:

Total cash, savings, and checking account balance(s):   **$** _____

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:** _____