

Special Circumstances Appeal Form

Aid Year: 2025-2026	Form Name: Independent Loss of Employment or Income
Student's Name:	University ID #:
recalculating your financial aid eligibility	t changes in income that occurred on or after 01/01/2024 that merit based on your projected annual 2025 income rather than the federally required You must be able to document that the reduction of income has occurred for a nitting the appeal.
, , , ,	our 2025-2026 Free Application for Federal Student Aid (FAFSA) must be nust be submitted. UMD must be able to fully document why a decision was applete appeals will not be reviewed.
submitted documents, additional supporti	R-4 weeks of receipt of all requested documents. After the initial evaluation of youring documents may be requested which may lengthen the review time. Submission I of an appeal. Additionally, approval of an appeal does not guarantee receipt of outstanding charges with UMD.
REQUIRED DOCUMENTS: If a document statement indicating why you do not have	nt listed below does not apply to your situation, please submit a signed re the document.
1) Completed and hand-signed appea	ıl form (all pages)
2) A typed statement that explains you	ur circumstances in detail – must be signed by hand and dated
3) 2024 Tax Return Transcript and all a and all accompanying schedules for	accompanying schedules or a signed copy of 2024 IRS Form 1040 federal return r the student
	accompanying schedules or a signed copy of 2024 IRS Form 1040 federal tax ules for the student's spouse (if applicable)
5) 2024 Wage and Income Transcript	for the student or W-2 Form
6) 2024 Wage and Income Transcript	for the student's spouse (if applicable) or W-2 Form
7) The final/most recent 2025 pay stub	os for all members of your household (as defined in Section 3)
8) Termination notice(s) from employe	er(s) or letter(s) of resignation
9) Disability benefits statement(s) from	n the Unemployment Administration showing monthly benefits or denial thereof
incomplete, your appeal will not be i	oformation requested in the following sections. If any sections are left reviewed. Include the student's University ID number in all of the dall appeal documents on the Special Circumstances Appeal page.
Section 1: List all asset information as of	f the date you initially filed your 2025-2026 FAFSA:
Total cash, savings, and check	king account balance(s): \$

Section 2: List all projected annual income and benefits from January 1, 2025, to December 31, 2025.

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, 2025 and June 30, 2026. 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, 2025, to June 30, 2026, or if they would be required to provide parental information if they were completing their own FAFSA for 2025–2026.
- 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, 2026.

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:	
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