

Last Name _____ First Name _____ M.I. _____ Student Number _____

2025-2026 Special Circumstance Appeal – Independent Student

If your financial situation has changed from what was reported on the 2025-2026 Free Application for Federal Student Aid (FAFSA), use this appeal form to request an evaluation of the financial aid eligibility. **Complete this application only if you have already submitted the 2025-2026 FAFSA.** Submission of this application does not guarantee an adjustment to the financial aid offer. After the appeal is submitted to the UNI Office of Financial Aid and Scholarships, we will do an initial preliminary review of the appeal and supporting documentation received. If continuation of the appeal is needed, you will be required to submit financial aid verification documents. An email will be sent regarding the documentation needed and encouraging students to view their To Do List for the verification documents requested.

Student Name _____ Student ID _____

Address _____

City _____ State _____ Zip Code _____

Student Phone _____ Student Email _____

Before this appeal form will be reviewed you must complete the following:

1. Attach a letter explaining the change in your financial circumstances.
2. Complete all pages of the Special Circumstance Appeal form that are applicable to your situation. If a section does not apply to you, leave it blank.
3. Attach documentation that supports your special circumstance (see below).

Special Circumstances and Documentation Required:

A. Loss of Job/Reduction in Income (View and complete chart on page 2)

- Provide a letter from your employer regarding the date of the loss of job or change in job status
- Provide documentation of unemployment benefits detailing the amount received
- Attach copies of your three most recent pay stubs
- Provide documentation of any other income you will receive in 2025

B. Loss of Benefits (View and complete chart on page 2)

- Unemployment: Attach a copy of notification of loss of unemployment benefits stating benefit ending date and monthly amount received before loss
- Child Support: Attach a copy of documentation stating child support ending date and original monthly benefit amount

C. Medical/Dental Expenses (Paid in 2024)

- Attach a statement from the health care provider that documents the condition(s)
- Attach copies of medical/dental receipts or statement of payment showing **paid out of pocket** expenses in 2024

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D. Natural Disaster

- Attach information regarding the type and timing of occurrence, including a statement from the appropriate agency verifying the natural disaster
- Attach documentation of the amount paid in 2024 due to disaster (receipts, statements showing paid out of pocket expenses, etc.)

E. Other Special Circumstances

- Provide a letter and any documentation needed to support your situation

Please complete the following using 2025 income estimates (gross amounts)

	Contributor 1	Contributor 2
Wages/Salaries/Tips/Severance/Disability Pay	\$	\$
Other Taxable Income (unemployment compensation)	\$	\$
Social Security Benefits	\$	\$
Other Untaxed Income (i.e. child or spousal support)	\$	\$
Veteran/Retirement Benefits	\$	\$
Total Anticipated Income for 2025	\$	\$

The following circumstances will not be considered:

- Expenses related to personal living (payments on consumer debt, payments on student or PLUS loans, payments on back taxes owed to the IRS, credit card bills, other miscellaneous consumer expenses)
- Bankruptcy, foreclosures, or collection costs
- One time increases of income (gambling winnings, inheritance, insurance settlements, 401k withdrawals)
- Tuition for elementary/secondary education

Agreement and Signature

All of the information contained in this form is true and complete to the best of my knowledge, and I agree to give documentation/proof of this information. I understand that by completing this appeal form, I may be required to turn in separate financial aid verification forms (not included in this appeal) to the Office of Financial Aid & Scholarships.

Student Signature

Date

Spouse Signature (if applicable)

Date