

Office of Financial Aid & Scholarships

First Name ______ First Name _____ M.I. ___ Student Number ______

2021-2022 Unusual Circumstance Appeal — Independent Student

If your financial situation has changed from what was reported on the 2021-2022 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 2021-2022 FAFSA. Submission of this application does not guarantee an adjustment to the financial aid award. 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 turn in 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 _______ Student Email _______ 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 Unusual 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 unusual circumstance.

Unusual Circumstances and Documentation Required:

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

- o 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
- o Attach copies of your three most recent pay stubs
- o Provide documentation of any other income you will receive in 2021

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 2020)

- 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 2020



D.

E.

Office of Financial Aid & Scholarships

			FA U INDEP APPEAL FORM – 20	
Last Name	First Name	M.I	_ Student Number	FOUI_E
Natural Disast				
	er ormation regarding the type and timing of occurrence, i	ncluding a st	atement from the appropriate age	ncy verifying
the natura				. , ,
	cumentation of the amount paid in 2020 due to disaster	(receipts, st	atements showing paid out of pock	ket expenses,
etc.)				
Other Unusua	l Circumstances			
o Provide a	letter and any documentation needed to support your s	ituation		
Dla	assa complete the following using 2021	incomo	astimatos (gross amount	·c)
FIE	ease complete the following using 2021	Parent 1	Parent 2	.5)
	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 2021	\$	\$	
•	The following circumstances of the IRS, credit card to payments on back taxes owed to the IRS, credit card to Bankruptcy, foreclosures, or collection costs One time increases of income (gambling winnings, information for elementary/secondary education	sumer debt, oills, other m	payments on student or PLUS loans iscellaneous consumer expenses)	
documentation	ignature Important or this form is true and complete to the conference of this information. I understand that by complete to the official or the order or	eting this ap	peal form, I may be required to tur	rn in separate
Student Signati	ure Date 9	Spouse Signa	iture (if applicable)	Date