



Student Financial Services |
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Appeal Deadline

Fall Term: July 15

Spring Term: December 15

**SPECIAL CONDITIONS APPEAL FORM
 INDEPENDENT STUDENT
 2017-2018**

FOR OFFICE USE ONLY

Verification Status: Completed

Original EFC: _____

Adjusted EFC: _____

Decision: Eligible Ineligible

Counselor Initials: _____

STUDENT NAME: _____

STUDENT ID: _____ PHONE (_____) _____ - _____

STUDENT EMAIL: _____

If you believe that there are special conditions that were not considered in your 2017-2018 Free Application for Federal Student Aid (FAFSA), or you can now document a significant change in your family's financial circumstances,

subsequent to filing your FAFSA, please complete this Special Conditions Appeal Form to request an evaluation of your financial aid eligibility. **Submission of an appeal does not guarantee approval of an appeal neither guarantee an adjustment to the financial aid award.** Additionally, submission of this form does not prevent accrual of late fees on any unpaid student account balances. You are responsible for all outstanding charges with Iona College.

Federal regulations and institutional policies require that special conditions fall within certain parameters and that they are accompanied with supporting documentation in order to recalculate financial need and eligibility. Therefore, Iona College is held accountable for all decisions made and must be able to fully document why a decision was made to adjust a student's FAFSA. **If an appeal is incomplete it will not be reviewed.**

SECTION I: EXPLANATION OF SPECIAL CONDITIONS/CIRCUMSTANCES:

- Attach a typed statement that explains your circumstances in detail, including date change occurred

SECTION II: REASON FOR SPECIAL CONDITIONS APPEAL:

Select the applicable condition for consideration below and provide **all** applicable documents listed under each condition that applies to you. Additionally, you must also submit the following:

- Completed 2017-2018 Independent Verification Form, available online at www.iona.edu/sfs.
- 2015 and 2016 Federal 1040 Tax Return, including all schedules; and 2015 Tax Return Transcript (available at www.irs.gov) for student and spouse
- W-2's for self and spouse, if applicable
- Loss of employment or reduction in wages:**
 - Last paystub from employer for self and/or spouse, current paystubs for self and spouse
 - Letter from previous employer verifying job status/change, including severance benefits
 - Official statement of unemployment (from State Dept. of Labor, showing beginning and end dates of benefits)
 - For reduction in wages, indicate date the change occurred: _____
 - Attach a copy of the statement of disability or social security benefits including date benefits will start
- Loss of benefits or untaxed income:**
 - Unemployment Benefits (attach a copy of notification of loss of unemployment benefits indicating benefit ending date and monthly amount received before loss)
 - Child Support (attach a copy of the Court of Child Service Agency documents stating benefit ending date and monthly amount received before loss)
 - Other Untaxed Income (attach documentation verifying the change in untaxed income before loss)

- Retirement:**
 - Attach a copy of the retirement (IRA distribution, pension benefits, or annuities) or social security benefits verification (Form SSA-1099-Social Security Benefit Statement) that shows the total amount to be received and the date benefits will start. Include documentation of other income received
- Divorce or separation since completion of 2017-2018 FAFSA:**
 - Date of separation or divorce: _____
 - Attach separation papers or agreement, divorce decree/statement, a letter from a participating attorney or mediator stating marital status. Please also document separate residences (i.e. utility bills, lease or mortgage statement).
- Death of spouse since completion of 2017-2018 FAFSA:**
 - Attach documentation of death (e.g., copy of death certificate, obituary, and/or funeral program) 2015 W-2's (surviving spouse). Document any income from social security benefits, pension or other compensation
- Unusually high medical and/or dental expenses not itemized on Federal Tax Return or covered by insurance:**
 - Attach a copy of Schedule A (Form 1040) – Itemized Deductions, along with medical, dental and pharmacy bills that were paid out of pocket in calendar year 2016
 - Provide documentation of the amount you pay per month, excluding employer contributions for medical/dental insurance.
- Private elementary or secondary school tuition:**
 - Provide copies of official tuition invoices on school letterhead where the child (ren) are attending. Only tuition for the current year may be considered

PLEASE NOTE: We are unable to consider an appeal for circumstances that include, but are not limited to: Spouse unwilling to provide information on the FAFSA and/or assist in paying for college, high consumer debt, and other discretionary spending, expenses that have not yet occurred, families with prior Special Conditions whom under estimated their income, reductions in pay due to voluntary overtime, bankruptcy proceedings, gambling/lottery winnings, bonuses, inheritances, settlements, distributions from pension, IRA, 401k, life insurance, capital gains, etc.

SECTION III: ACKNOWLEDGEMENT:

By signing below,

1. We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge.
2. We acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.
3. We recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances and we will make arrangements to pay our bill on time and not wait for the outcome of this appeal.
4. We understand that if any of our projections change, we will immediately notify the Student Financial Services Office.
5. We will provide all required documents as requested, to the Student Financial Services Office, and understand that my appeal will not be processed until all documents are submitted.

Students will be notified, in writing, of the special conditions appeal decision. Please sign and submit this form, including all supporting documentation, to the Student Financial Services Office by the stated deadline.

Student Signature _____ **Date** _____

Spouse Signature _____ **Date** _____