

Special Circumstance Review 2009-2010

Name: _____ CWID#: _____ Date: _____

Preferred e-mail address: _____ Preferred telephone number: _____

All **eligible** students must complete the Free Application for Federal Student Aid (FAFS)A before an Appeal may be submitted. Instructions for applying for financial aid can be found on our website at finaid.iit.edu, or you can go directly to fafsa.ed.gov.

Financial aid awards are based upon prior year income information. If your financial circumstances have changed or if you would like to provide clarification of your circumstances, we ask that you complete this Financial Aid Appeal Application and forward it to our office, *Attn: Appeals Committee*, with a letter explaining the reason for your appeal. Please include your CWID on all documents submitted to the Office of Financial Aid.

Your financial aid eligibility will not be evaluated until all required and requested documentation is received. Please be aware that we can only make adjustments for actual, not anticipated, changes in circumstance, and that submission of this special circumstance appeal form may or may not result in an increase in your financial aid.

If your particular situation does not fall within one of the categories listed below, please contact a financial aid counselor at 312-567-7219 or finaid@iit.edu.

Check reason(s) for Special Circumstance Appeal

1. Reduction of Household Income Due to Death, Disability, Unemployment, or Change in Hours or Pay

If you select reason 1, please indicate whether or not you have filed a 2008 Federal Tax Return.

STUDENT:	I worked and was required to file 2008 taxes	Yes	No
SPOUSE or :	I worked and was required to file 2008 taxes	Yes	No
PARENT(S)			

If yes please provide all 2008 taxes and W-2s, taxes must be signed

If no, complete an *Income Resource Certification* form available on our website, www.finaid.iit.edu.

Required documentation of death of parent or spouse:

- a) Copy of Death Certificate
- b) Copy of last pay stub for each income earner in the household (not including the deceased).

Required documentation of disability of parent or spouse:

- a) Documentation from physician or insurance agency verifying date and extent of disability.
- b) Copy of last pay-stub for each income earner in the household (including the currently disabled).

Required documentation for unemployment:

- a) Letter from you indicating to whom the change refers (mother, father, spouse, etc.), and calculate the expected/projected household income including unemployment for the 2009 year.
- b) Signed letter from employer verifying the date of separation from employment.
- c) Copy of unemployment benefit statement that lists duration and maximum compensation.
- d) Copy of last pay-stub for each income earner in the household (including the currently unemployed).

Required documentation for changes of work hours or pay:

- a) Letter from you indicating to whom the change refers (mother, father, spouse, etc.), and calculate the expected/projected income for the 2009 year.
- b) Signed letter from employer verifying reduction in hours or work status (full time – to part time, etc), or pay. The letter must include the date when the change occurred
- c) Copy of pay-stub prior to reduction of hours
- d) Copy of most recent pay-stub for each income earner in the household.

In the next sections, taxes are not required, but may be requested at a later time.

2. Budget Adjustment:

Required documentation:

- a) Letter from you detailing your anticipated educational expenses including reasonable living expenses.
- b) Documentation of educational expenses which may include lease, receipts, etc.

3. Dependency Override:

Required documentation

- a) Letter explaining reasons to claim dependency. The Committee will request for appropriate documentation once application has been submitted and reviewed.

4. Medical/Dental Expenses:

Required documentation:

- a) A written explanation of expenses for unusually large medical or dental expenses **paid** in 2008 that were not covered by insurance.
- b) Copies of paid receipts of medical/dental payments if you do not have insurance coverage, or insurance statements that indicates amount owed to provider

Statement of Certification and Required Signatures

I certify that the information that I provide to the Office of Financial Aid is true and correct. If I purposely give false or misleading information, I may be reported to the Department of Education and lose financial aid eligibility.

Student Signature

Student Spouse (if married)

Date

Parent Signature (for Dependent students only)

Date

In the interest of expediency, the office will communicate with you through e-mail and/or by telephone. Please regularly check your IIT email because there is a 2-week (10 business days) deadline to respond to a request for additional information. If you do not respond by the deadline, the appeal will be considered closed.