



2021-2022 SPECIAL CIRCUMSTANCES APPEAL FORM INDEPENDENT STUDENTS

NAME _____ SOC SEC # _____ ID _____

ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____

NOTE: Appeals will NOT be considered until appropriate documentation and this form are submitted to the Financial Aid Office

SPECIAL CIRCUMSTANCE (check appropriate category)

_____ Student or student's spouse earned money in 2019 or 2020 and is no longer employed.
***submit documentation type #1 , #2 and #8 (described below)**

_____ Student or student's spouse earned money in 2019 or 2020 and has been unable to earn money in his/her usual way now due to a disability, natural disaster, or a job change.
*** submit documentation type #1, #2 and #3 (for disability only) (described below)**

_____ Student or student's spouse received an untaxed benefit in 2019 or 2020 (such as child support), and has completely lost that income.
*** submit documentation type #4 (described below)**

_____ The student has already applied for financial aid and has divorced or separated since that time.
*** submit documentation type #1, #2 and #5 (described below)**

_____ The student has already applied for financial aid and a spouse has died since that time.
*** submit documentation type #1, #2 and #6 (described below)**

_____ The student has paid more than 11% of the total income in non-reimbursed medical expenses in 2019 OR in 2020.
***submit documentation type #1 and #7 (described below)**

DOCUMENTATION REQUIRED (MUST be submitted)

<p>TYPE #1 Signed copies of your 2019 and 2020 federal income tax returns</p>	<p>TYPE #2 copies of the most recent pay stubs from ALL student's (and spouse's) employers showing date of that pay period, amount earned that period, and YTD amount earned</p>
<p>TYPE #3 a letter from the physician stating type of disability, date of diagnosis and anticipated length of recovery time</p>	<p>TYPE #4 a letter from the appropriate public agency stating type of benefits terminated, date of termination and total amount expected</p>
<p>TYPE #5 a copy of the court order showing date of divorce or separation and verification of separate addresses</p>	<p>TYPE #6 a copy of the death certificate or newspaper obituary showing the date of the spouse's death</p>
<p>TYPE #7 a copy of the schedule A from the 2019 federal tax transcript if expenses were paid in 2019 OR copies of receipts showing medical and dental expenses actually paid PERSONALLY in 2020 and not reimbursed</p>	<p>TYPE #8 a copy of unemployment benefits statement (showing benefit amount and benefit start date) if student or spouse is receiving any benefits OR denial of benefits statement</p>
<p>OTHER</p>	<p>OTHER</p>

(please continue answering the remaining questions on the reverse side of this form)

PLEASE EXPLAIN THE NATURE OF YOUR APPEAL AND YOUR LOSS OF INCOME: (Must be completed)

PLEASE INDICATE ALL SOURCES OF INCOME FOR CALENDAR YEAR 2021:

	MONTHLY AMOUNT	# OF MONTHS REC'D	ANNUAL AMOUNT
Student's 2021 wages: (Submit most recent pay stubs)			\$ _____
Spouse's 2021 wages: (Submit most recent pay stubs)			\$ _____
Student's (and spouse) monthly unemployment:	\$ _____	_____	\$ _____
Student's (and spouse) other taxable income for 2021:	\$ _____	_____	\$ _____
Child support for 2021:	\$ _____	_____	\$ _____
Clergy living allowance for 2021:			\$ _____
Student's (and spouse's) other untaxed income for 2021:			\$ _____

STATEMENT AND CERTIFICATION:

I (we) hereby certify that all information reported on this form is true and correct to the best of my (our) knowledge. If this form is submitted after January 1, 2021, I have attached all 2020 W-2's. I (we) understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Student Signature _____

Date _____

Spouse Signature _____

Date _____

PRINT THIS FORM AND SUBMIT WITH REQUIRED DOCUMENTATION TO:

MALONE UNIVERSITY
Financial Aid Office
2600 Cleveland Ave. N.W.
Canton, OH 44709
330-471-8435 phone
330-471-8652 fax