

2021-2022 Appeal for Special Circumstance Policy

Appeal Policy:

Your eligibility for financial aid was initially calculated based on the information you provided on the Free Application for Federal Student Aid (FAFSA). Using this information all families undergo a consistent evaluation of the family's ability to pay for college. The formula assumes that 2019 income is a good indicator of the family's financial strength during the student's 2021-2022 enrollment.

Financial Aid Services at the University of Massachusetts Amherst recognizes that families experience changes in income or other family circumstances that are not reflected in the 2019 tax return information. Therefore it is possible for students to appeal their financial aid eligibility if they have special financial circumstances.

Examples of Special Circumstances considered:

- Reduction of income or benefits in 2021.
- Extraordinary medical or dental expenses in 2020.
- Death of a parent or spouse whose information is on the FAFSA form.
- Divorce or separation after filing the 2021-2022 FAFSA form.
- Withdrawal of IRA/Pension for 2019.

Examples of Special Circumstances NOT considered:

- Home repairs
- Private school tuition
- Credit card debt
- Mortgage payments
- Weddings and other major purchases
- Car payments
- Previous educational loan debt

Please remember, granting appeals is based on a one-time special circumstance. It also depends on the availability of funds and the timeliness of your FAFSA. Submitting this form does not guarantee an adjustment or increase in your financial aid. In the event that we are not able to offer additional financial aid please review the alternative financing options available to help finance your education. Information regarding loans is available on our website at umass.edu/umfa. Please refer to the Bursar's website for information on payment plans at umass.edu/bursar.

Appeals are reviewed within 30 days after receipt of all required and supporting documentation. However, response time may vary depending on volume of appeals at the time of your request.

► **If you determine that your 2021 income will be the same or higher than 2019, do not complete this form.** ◀

Please do not disregard your university bill due date while waiting for the appeal decision.

2021-2022 Appeal for Special Circumstance

Name: (Last, First, MI) _____ UMass SPIRE ID: _____

Email: _____ Telephone Number: () _____

A. Did you file a financial aid appeal during the 2020-2021 Academic Year? Yes No

B. Appeal Categories and Supporting Documentation:

Carefully read and select the categories from the following list that most closely describe your special circumstance(s) and provide all supporting documents. Incomplete appeals will not be considered after 60 days.

*** 2019 Federal Tax Return documents are REQUIRED for all Appeals for Special Circumstance.***

Type of appeal (✓ check all that apply)	Documentation to include with appeal	For office use only
<input type="checkbox"/> Decrease in student/spouse income from employment in 2021 of at least 8 weeks.	<ul style="list-style-type: none"> Statement documenting retirement benefits for 2021. Letter from employer documenting employment status (e.g. full-time to part-time or termination). Unemployment Benefits statement. Last pay stub after separation from job. If after January 1st, 2022, please submit copies of 2021 W-2 s. Copies of statements indicating severance pay. 	FAPSRT FAPLES FAPSUB FAPSWG/FAPSW2 FAPSEV
<input type="checkbox"/> Decrease in parent income from employment in 2021 of at least 8 weeks.	<ul style="list-style-type: none"> Statement documenting retirement benefits for 2021. Letter from employer documenting employment status (e.g. full-time to part-time or termination). Unemployment Benefits statement. Last pay stub after separation from job. If after January 1st, 2022, please submit copies of 2021 W-2 s. Copies of statements indicating severance pay. 	FAPPRT FAPLES FAPPUB FAPPWG/FAPPW2 FAPSEV
<input type="checkbox"/> Unreimbursed medical or dental expenses paid in 2020	<ul style="list-style-type: none"> Provide a summary of PAID unreimbursed expenses (deductibles, co-pays, after tax insurance, prescription medications, expenses for durable medical equipment, and other amounts not covered by insurance) for 2020. Cobra payments made in 2020. ✘ Elective cosmetic or dentistry expenses will not be considered. ✘ 	FAPMED FAPCOB
<input type="checkbox"/> Death of immediate family member whose information is on the FAFSA.	<ul style="list-style-type: none"> Provide copies of 2019 W-2 forms. 	N/A
<input type="checkbox"/> Divorce or separation after filing the 2021-2022 FAFSA form.	<ul style="list-style-type: none"> Complete copy of divorce decree or complete copy of separation agreement. If no legal separation documentation exists, provide a statement indicating the date of the separation. Provide documentation for <u>both parents'</u> living expenses at different addresses (e.g.: rental agreement, lease or mortgage statement and utility bills). Provide agreement of financial support payments (e.g. alimony, spousal support, child support or dependent care). List the number of family members currently in the household. Copies of 2019 W-2 forms. 	FAPDIV FVPSAG FAPCHL FVCLEA/FVNLEA N/A
<input type="checkbox"/> Secondary special education paid in 2020.	<ul style="list-style-type: none"> Documentation of the special education school requirements for siblings. Documentation of paid expenses for 2020. 	FAPSED
<input type="checkbox"/> Withdrawal of IRA/Pension for 2019.	<ul style="list-style-type: none"> Letter explaining the reason for the withdrawal and copy of 2019 1099R. <p>Acceptable appeals include supplementing income due to recent employment loss and educational expenses paid.</p>	



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C. Income Information For 2021:

The following section requires you to provide your actual and expected 2021 income.

Do not enter an hourly wage. Instead, **please compute the annual amount of earnings** you have or expect to earn.

Expected 2021 Income	Student	Spouse	Parent 1:	Parent 2:	Documents Required
			Parent 1 name: _____ Parent 2 name: _____		
Gross Income EARNED from work: 1/1/2021 through present date	\$	\$	\$	\$	Current or Final Pay Stub
Gross Income TO BE EARNED from work: present date through 12/31/2021	\$	\$	\$	\$	Current Pay Stub
Severance Pay	\$	\$	\$	\$	Letter from Company/Final Pay Stub
Unemployment Benefits	\$	\$	\$	\$	Documentation from Agency
Worker's Compensation Benefits	\$	\$	\$	\$	Documentation from Agency
Social Security Benefits	\$	\$	\$	\$	
Long/Short Term Disability Benefits	\$	\$	\$	\$	
Business Income	\$	\$	\$	\$	Letter from Accountant or Quarterly Statement
Other Income including Untaxed Income	\$	\$	\$	\$	
Alimony	\$	\$	\$	\$	Letter from Court
Child Support Received	\$	\$	\$	\$	Letter from Court
Pension Distributions	\$	\$	\$	\$	Letter outlining how funds were used
Early Withdrawal from Retirement Funds	\$	\$	\$	\$	
Total Expected 2021 Income:	\$	\$	\$	\$	



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D. Personal Statement:

Explain below what has caused the changes in your family's circumstances.
Attach a separate sheet if necessary. Remember to write your name and SPIRE ID on each page.

Please submit completed form with supporting documentation to Financial Aid Services, 243 Whitmore Administration Building no later than:

*** November 1, 2021 - if you are graduating in the fall 2021.**

*** April 1, 2022 - if you are graduating in the spring 2022.**

If any information or documents are missing or incomplete, your appeal cannot be processed.

E. Signature and Certification:

I certify that the information submitted for this appeal is true and complete to the best of my knowledge. I agree to provide all supporting documentation required. I understand that failure to comply may result in the cancellation of this appeal. I further understand that if I have provided information in previous appeals, this may be reviewed for accuracy and it may impact the outcome of this and or any future appeal. It is the family's responsibility to notify our office if any of the above information should change. This notification should occur within two weeks of any change.

*** Please do not disregard your university bill due date while waiting for the appeal decision. ***

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Required for Dependent Student)

Fax completed signed form to: 413-545-1700

or email to: fadocs@umass.edu

(Attachments must be a standard image file, or in one of the following file formats: .doc, .docx, .pdf)



FAPSPE