



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 2022 income is a good indicator of the family's financial strength during the student's 2024-2025 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 2022 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 2024.
- Extraordinary medical or dental expenses in 2023.
- Death of a contributor (parent or spouse) whose information is on the FAFSA form.
- Divorce or separation after filing the 2024-2025 FAFSA .
- Withdrawal of IRA/Pension for 2022.

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/financialaid. 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 your 2024 income will be the same or higher than 2022, do not complete this form.

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



Appeal for Special Circumstance

Name: _____

UMass SPIRE ID: _____

A. Did you file a financial aid appeal during the 2023-2024 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.

● **2022 Federal Tax Return documents are REQUIRED for all Appeal 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 2024 of at least 8 weeks.	<ul style="list-style-type: none"> Statement documenting retirement benefits for 2024. 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, 2025, please submit copies of 2024 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 2024 of at least 8 weeks.	<ul style="list-style-type: none"> Statement documenting retirement benefits for 2024. 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, 2025, please submit copies of 2024 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 2023	<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 2023. Cobra payments made in 2023. × Elective cosmetic or dentistry expenses will not be considered. × 	FAPMED FAPCOB
<input type="checkbox"/> Death of immediate family member or contributor whose information is on the FAFSA.	<ul style="list-style-type: none"> Provide copies of 2022 W-2 forms. 	N/A
<input type="checkbox"/> Divorce or separation after filing the 2024-2025 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 2022 W-2 forms. 	FAPDIV FVPSAG FAPCHL FVCLEA/FVNLEA N/A
<input type="checkbox"/> Secondary special education paid in 2023.	<ul style="list-style-type: none"> Documentation of the special education school requirements for siblings. Documentation of paid expenses for 2023. 	FAPSED
<input type="checkbox"/> Withdrawal of IRA/Pension for 2022.	<ul style="list-style-type: none"> Letter explaining the reason for the withdrawal and copy of 2022 1099R. Acceptable appeals include supplementing income due to recent employment loss and educational expenses paid.	





Appeal for Special Circumstance

Name: _____

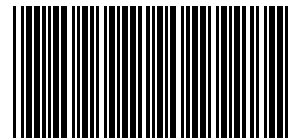
UMass SPIRE ID: _____

C. Income Information for 2024:

The following section requires you to provide your actual and expected 2024 income.

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

Expected 2024 Income	Student	Spouse	Parent 1:	Parent 2:	Documents Required
			Parent 1 name: _____	Parent 2 name: _____	
Gross Income EARNED from work: 1/1/2024 through present date	\$	\$	\$	\$	Current or Final Pay Stub
Gross Income TO BE EARNED from work: present date through 12/31/2024	\$	\$	\$	\$	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 2024 Income:	\$	\$	\$	\$	





University of Massachusetts Amherst
Financial Aid Services
 Academic Year 2024-2025
 Fax: 413-545-1700
 Phone: 413-545-0801

Appeal for Special Circumstance

Name: _____

UMass SPIRE ID: _____

D. Personal Statement:

Explain below what has caused the changes in your family's circumstances, or attach separately. Remember to write your name and SPIRE ID on each page.

Please submit completed form with supporting documentation to Financial Aid Services by the suggested dates below:

▶ **November 1, 2024** - if your appeal is for the fall 2024 semester and you will not be enrolled for the spring 2025 semester

▶ **April 4, 2025** - if your appeal is for the 2024-2025 academic year and you are enrolled only for the spring 2025 semester.

Appeals received after these dates will be reviewed based on availability of funds.

E. Signature and Certification:

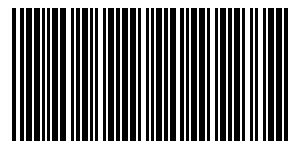
I certify that the information submitted for this appeal is true and complete to the best of my knowledge. I agree to provide all supporting documentation required. I understand that failure to comply may result in the cancellation of this appeal. I further understand that if I have provided information 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
 Secure Document Upload at: **umass.edu/financialaid/upload**



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