



Office of Financial Aid and Scholarships ▪ Indiana University South Bend ▪ P.O. Box 7111 ▪ South Bend, IN 46634-7111.  
Phone: (574)520-4357 Fax: (574) 520-5561 Email: sbfinaid@iusb.edu Website: financialaid.iusb.edu

**Instructions:**

If you have special circumstances due to a change in your household income, federal regulations allow the re-evaluation of your financial aid eligibility. Some of the most common reasons for this change in income are listed on page 2 of this form. Prior to submitting this form, please complete the following:

- ✓ You must file the Free Application for Federal Student Aid (FAFSA) for the 2018 - 2019 academic year.
- ✓ If your FAFSA application has been selected for verification, that verification must be completed before review of this UCF will begin.
- ✓ Completing this form does not guarantee an increase in aid.
- ✓ If you have previously filed a UCF, you may not file an additional appeal based on the same reason unless instructed to do so by this office.

Appeals received without all proper documentation will be denied and those that contain illegible information will be returned. Processing time varies based on the time of year and may take up to 3 weeks.

PLEASE PRINT ALL INFORMATION

Student Name \_\_\_\_\_ University ID Number \_\_\_\_\_

If your Expected Family Contribution (EFC) is already 0, you are currently receiving the maximum amount of aid and we are unable to make any further adjustments.

**Section I: – Required Documentation:** Below are examples of special circumstances. Please check and document all circumstances that apply and provide the required materials as indicated. If you have a circumstance that is not addressed below, call (574)520-4357 to schedule an appointment with a financial aid counselor.

√	Circumstance	Required Documentation (PROVIDE EVERYTHING LISTED)
	<p>Loss of employment. Employment must have been for at least 35 hours per week for at least 30 weeks <b>and</b> unemployment period must have lasted at least 5 weeks (<b>generally must be parent, if dependent student</b>). Voluntary job loss must be due to academic program requirements, or circumstances beyond the employee's control.</p>	<ol style="list-style-type: none"> <li>1) In a typed statement, provide a detailed explanation of job loss.</li> <li>2) Provide a letter on company letterhead, with beginning and ending dates of employment, earnings and any compensation received in 2017.</li> <li>3) Provide a copy of the relevant party's 2017 federal tax transcript and W-2's.</li> <li>4) If unemployment compensation was received in 2017, provide a copy of benefit statement. If no benefits received, explain.</li> </ol>
	<p>Decrease in wage or salary (<b>generally must be parent, if dependent student</b>). Voluntary loss must be due to academic program requirements, or circumstances beyond the employee's control</p>	<ol style="list-style-type: none"> <li>1) In a typed statement, provide a detailed explanation of wage decrease.</li> <li>2) Provide a copy of the relevant party's 2017 federal tax transcript and W-2's.</li> </ol>
	<p>Divorce or separation</p>	<ol style="list-style-type: none"> <li>1) In a typed statement, describe current living arrangements for family members, including all children.</li> <li>2) Signed copy of divorce/separation decree or letter from an attorney or court.</li> <li>3) Documentation indicating information regarding support the "custodial" parent/student will receive, including child support/alimony payments.</li> <li>4) Submit the custodial parents' 2017 tax transcript and W-2's.</li> </ol>
	<p>Death of spouse or parent</p>	<ol style="list-style-type: none"> <li>1) Copy of death certificate.</li> <li>2) Documentation of any insurance settlement, pension payments, IRA's, etc. if applicable.</li> <li>3) Submit 2017 tax transcript and W-2's for survivor (student or parent).</li> </ol>
	<p>Loss of Unemployment benefits</p>	<ol style="list-style-type: none"> <li>1) Provide a copy of benefit statement showing amounts received in 2017.</li> <li>2) Provide a copy of End of Benefit Notification.</li> </ol>
	<p>Rollover or Emergency Withdrawal (401K, IRA)</p>	<ol style="list-style-type: none"> <li>1) Provide documentation for the original amount of the withdrawal.</li> <li>2) Attach documentation of the rollover (if applicable).</li> <li>3) For emergency withdrawal – provide statement explaining how the funds were used and any applicable verification.</li> </ol>
	<p>Medical Expenses (Allowable expenses may include after tax insurance premiums and co-payments not covered by insurance or HSA accounts.)</p>	<ol style="list-style-type: none"> <li>1) Provide a copy of the relevant party's 2016 and 2017 federal tax transcript and W-2's.</li> <li>2) If HSA funds were used, provide the relevant party's 2016 and 2017 HSA tax document.</li> </ol> <p><b>Additional documentation if a Schedule A was not filed:</b></p> <ol style="list-style-type: none"> <li>1) Statement from all medical provider(s) stating the amounts <b>paid by the individual</b> in 2016 and 2017 (excluding insurance and HSA payments).</li> </ol>

**Section II** –Report your total projected income, adjustments and assets from all sources for January 1 through December 31, 2018. If income listed does not apply, answer with 0 or “none”.

Independent		Income & Benefits for 2018	Dependent	
Self	Spouse		Parent 1	Parent 2
		If applicable, include a letter from employer with expected earnings from work for 2018		
		Unemployment benefits (attach benefit statement)		
		Interest/dividend income		
		Tax-deferred payments to IRS, KEOGH, etc.		
		Child Support received for all children		
		Alimony		
		Severance pay (if applicable, attach documentation)		
		Pensions and/or annuities		
		Business/farm income		
		Rental income		
		Housing allowance (military or clergy)		
		Other – List source here:		

Independent		Income Adjustments for 2018	Dependent	
Self	Spouse		Parent 1	Parent 2
		Child support paid		
		Other ( <i>list source</i> )		

Independent		Current Household Assets	Dependent	
Self	Spouse		Parent 1	Parent 2
		Cash, savings, checking accounts		
		Real Estate (Do not include primary home)		
		Other – List source here:		

**Section III - Family Information:** List the people in your household for whom you (Independent students) or your parent(s) (Dependent students) will provide more than half support for the 2018-2019 academic year. Include:

**(Independent students)**

Yourself  
 Spouse  
 Children or other dependents

**(Dependent students)**

Yourself  
 Parent(s) or Step Parent  
 Siblings or other dependents

Full Name	Age	Relationship	College
<i>Martha Jones (example)</i>	<b>24</b>	<i>Wife</i>	<i>City University</i>
		Self	IU South Bend

**Section IV - Certification:** I certify that the information provided on this form is complete and accurate to the best of my knowledge. Additional information may be requested and must be received before the appeal is reviewed.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent / Spouse Signature

\_\_\_\_\_  
 Date

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