2019-2020 Extenuating Circumstance Form

MSOE Financial Aid Office recognizes that students and their families may have extenuating circumstances that affect their financial situation. If students and their families feel that the Free Application for Federal Student Aid (FAFSA) does not accurately reflect the current financial situation, they may submit this form to have the Financial Aid Office review the data on their FAFSA and the financial aid awarded.

Student Information

Student’s Name: ___________________________________ 
ID Number: ______________

Documentation Needed

To request a review of your extenuating financial circumstances:

1. Complete and submit this Extenuating Circumstance Form.
2. Complete and submit a 2019-2020 Verification Worksheet, which is available online at www.msoe.edu/financial-aid/forms.
3. Submit a copy of your and your spouse’s (if you are married) 2017 federal tax return transcript*.
4. Submit a copy of your and your spouse’s (if you are married) 2017 W-2 forms.
5. Submit a copy of your parents’ (if you are a dependent student) 2017 federal tax return transcript*.
6. Submit a copy of your parents’ (if you are a dependent student) 2017 W-2 forms.
7. Submit a letter that details your situation.
8. Submit additional documentation (see reverse side for details)

*Our office also reserves the right to request additional information should we feel your situation is not sufficiently documented.*

*To obtain a 2017 IRS Tax Return Transcript:*

→ To get a copy of a 2017 IRS Tax Return Transcript, use the “Get Transcript” tool on www.irs.gov, call 1-800-908-9946, or fill out IRS Form 4506-T and return directly to the IRS via fax or mail.

→ To get a copy of a 2017 Verification of Non-Filing Letter, use the “Get Transcript” tool on www.irs.gov or fill out IRS Form 4506-T and return directly to the IRS via fax or mail.

Contact Information

Contact information if additional documentation is needed:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship (if not student):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
</tr>
<tr>
<td>Best contact method:</td>
<td>☐ Phone ☐ Email ☐ Mail</td>
</tr>
</tbody>
</table>

(Continue on reverse side)
<table>
<thead>
<tr>
<th>Reason for Appeal</th>
<th>Required Documents</th>
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| ☐ Termination or change of employment (after 2 month waiting period) | ☐ Copy of last/most recent pay stub from employer  
☐ Letter of separation from employer (if applicable)  
☐ Severance statement (if applicable)  
☐ Copy of unemployment benefit (if applicable)  
☐ Copy of your/your parents’ (if applicable) signed 2018 1040 tax return  
☐ Copy of your/parent’s (if dependent) 2018 W-2 forms |
| ☐ Death of parent                                      | ☐ Copy of death certificate                                                          |
| ☐ Divorce/Separation                                   | ☐ Legal divorce/separation documents (if available)  
☐ Documentation of second household (copy of lease, utility bill, etc.) |
| ☐ One-time benefit from inheritance, lottery winnings, sale of home, etc. | ☐ Documentation of payment received  
☐ Documentation on where money was spent |
| ☐ High medical expenses (expenses must be for 2017 or 2018 tax year) | ☐ Documentation of medical bills paid during the prior tax year.  
(If there is an ongoing condition please provide documentation and estimate of treatment costs)  
☐ Copy of your/your parents’ (if dependent) signed 2018 1040 tax return with Schedule A |
| ☐ Private educational expenses for siblings (expenses must be for 2018-2018 school year) | This applies to siblings in private elementary/middle/high schools.  
(Do not include siblings attending a private university)  
☐ Copy of itemized tuition statement from school showing charges minus any discounts/financial aid received |
| ☐ Other reason not listed: __________________________  | ☐ Please provide a detailed description for the appeal and documentation supporting your request. |

*Note: We are unable to consider appeals based on, but not limited to, the following reasons: high consumer debt, high personal expenses (vacations, additional properties, extra amenities), expenses that have not yet occurred, etc.*

**Certification**

(Signature required by either parent OR student)

- I/We certify that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented.
- I/We understand that the submission of an appeal does not release the student from the obligation of staying current with the Student Accounts Office and my MSOE bill.
- I/We understand that MSOE cannot guarantee that this request will be approved, that any changes will result in additional aid, or that similar future requests will be approved.

Student’s Signature: ____________________________ Date: __________

Parent’s Signature: ____________________________ Date: __________

Please allow a minimum of 3-4 weeks for processing.