

PAINE COLLEGE

Office of Financial Aid
1235 Fifteenth Street Augusta, GA 30901-3182

Telephone: 706-822-8262 1-800-476-7703
Fax: 706-822-8691

2022-2023 SPECIAL CIRCUMSTANCE APPEAL

A Special Circumstance Appeal allows the student/parent to inform the Financial Aid Office of a decrease in income due to loss of job, benefits, death, separation or divorce from what was reported on the Free Application for Federal Student Aid (FAFSA) or unusual medical/dental expenses not covered by insurance. Be advised that the Financial Aid Office is simply reviewing your special circumstance appeal and that your appeal may be denied. Failure to provide any information requested will result in an automatic denial. A decision letter will be mailed to you no later than fourteen days from the date the completed request is received by the Financial Aid Office, including all required documentation. The decision of the Paine College Financial Aid Office is FINAL and cannot be appealed to the U.S. Department of Education.

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____ ID #: _____
Local Address: _____ SSN: _____
_____ Telephone #: _____

PART 1: Check the type of special circumstance(s) that apply to your situation. Each circumstance lists acceptable documentation for you to submit to the Financial Aid Office. Include a brief explanation of your circumstance.

- Separation from work due to Layoff or Involuntary Termination for a minimum of ten (10) weeks in 2022 (separation must have already occurred)**
 - Letter from employer (on company letterhead) documenting separation from employment (must include last day worked)
 - Unemployment Benefits determination document
 - Submit year to date documentation of 2022 income (i.e., last pay stub)
 - Submit documentation of severance pay
 - Complete Part 2
- Marital Separation, Pending Divorce or Divorce (parties must reside in separate residences) after filing FAFSA**
 - Copy of Divorce Decree or legal documentation verifying marital separation
 - Total net worth of liquid assets to be received for 2022
 - Documentation of Alimony to be received for 2022
 - Documentation of Child Support to be received in 2022
 - Complete Part 2 (excluding spouse or non-custodial parent)
- Death of a Parent or Spouse after filing FAFSA**
 - Copy of Death certificate
 - Complete Part 2 including income of surviving parent
- Loss of Benefits (benefits received in 2022 and terminated in 2022)**
 - Documentation of expected 2022 benefits
 - Documentation of termination of Social Security benefits due to child turning 18
 - Documentation of termination of Child Support
- Medical or Dental Expense Paid in 2022 not covered by Insurance in excess of 5% of Adjusted Gross Income**
 - Submit a listing of paid out-of-pocket expenses with supporting documentation
 - Expenses can include doctor's visits, tests, outpatient care, therapy, prescription drugs, hospitalization, vision care, dental and/or orthodontic
 - Documentation must clearly verify insurance coverage

CONTINUED

PART 2

Statement of Estimated Income for 2022 (Annual not monthly amounts)

Project your income earned from work from January 1, 2022, through December 31, 2022 (attach current or last pay stub for each job included in your projected income). Project any other income and benefits from January 1, 2022, through December 31, 2022 (attach documentation to support amounts reported).

| | STUDENT | SPOUSE | FATHER | MOTHER |
|-----------------------------------|----------------|---------------|---------------|---------------|
| Projected Income from Work | \$ | \$ | \$ | \$ |
| Dates of Employment | From To | From To | From To | From To |
| Name of Employer(s) | | | | |
| Other Projected Income* | | | | |

*Other income can include, but is not limited to Worker's Compensation, pension/annuities, unemployment benefits, Social Security Benefits, child support/alimony, retirement/disability benefits, and welfare benefits (excluding food stamps or subsidized housing).

Certification Statement

I hereby certify that all information contained in this appeal is true and complete to the best of my knowledge. I have not knowingly or intentionally provided any fraudulent documentation.

Student Signature Date

Spouse Signature Date

Mother's Signature Date

Father's Signature Date

*******FOR OFFICE USE ONLY*******

APPROVED _____ DENIED _____ REVIEWED BY _____ DATE _____

COMMENT(S):