



## 2020-2021 Financial Aid Special Circumstance/Appeal Form

STUDENT NAME: \_\_\_\_\_ STUDENT CELL PHONE #: \_\_\_\_\_

NDMU STUDENT ID: \_\_\_\_\_

**PLEASE NOTE:** You must file a Free Application for Federal Student Aid (FAFSA) and receive an award letter before submitting this form.

If your income has recently decreased, or you have special financial circumstances that were not taken into account on your FAFSA, we may be able to reevaluate your financial need based on your actual 2019 tax year income, or a projection of your 2020 income. For dependent students, we consider both student and parent incomes. For independent students, we only consider the student and the spouse's incomes.

You have the right to advise the NDMU Financial Aid Office of changes in family circumstances that you believe impact your Free Application for Federal Student Aid (FAFSA) and, accordingly, your ability to support your education during academic year 2020-2021. Circumstances considered include, but are not limited to, death, financial losses linked to natural disaster not covered by insurance, significant medical or dental out of pocket expenses, one-time income shown on your 2018 IRS 1040 form, losses of income beyond control of the family, and marital status changes. Our goal is to respond to your federal appeal request within **30** business days.

### Please Include With This Form

1. A **signed cover letter** noting specific dates of each circumstance and the cost associated with the circumstance.
2. This **form** completed in its entirety, along with signatures of all parties and date.
3. **Documentation** supporting all circumstances included in your cover letter.

Forward your complete packet to:  
**Notre Dame of Maryland University Financial Aid Office**  
4701 North Charles Street  
Baltimore, Maryland 21210

### Examples of Routinely Provided Documentation

- Unemployment benefits statement
- Termination notice
- Memo/letter from employer regarding change or reduction in employment
- Physician's disability statement
- Attorney's statement regarding marital status change
- Court statements regarding/termination of child support
- Social security benefits termination notice
- Death certificate
- IRS 1040s displaying the loss of income or one-time payment
- Copies of paid bills associated with primary home repairs after a natural disaster
- Paid medical/dental bills

**Step 1:** Please check below all circumstances that apply to your family.

- \_\_\_\_\_ 1. I experienced a **change in employment** status between 2018, 2019, or 2020.
- \_\_\_\_\_ 2. I **lost income** shown on my 2018 Federal 1040 Form. Please provide a signed copy of your 2018 Federal Tax Return and W-2 forms.
- \_\_\_\_\_ 3. I experienced a **separation or divorce** from my spouse **after** I signed my 2020-2021 FAFSA.
- \_\_\_\_\_ 4. My 2018 **out-of-pocket medical or dental** expenses were uncharacteristically high.
- \_\_\_\_\_ 5. My **mother, father, or spouse died** after I signed the 2020-2021 FAFSA.
- \_\_\_\_\_ 6. In 2018, I experienced a loss of income associated with a **natural disaster**.
- \_\_\_\_\_ 7. I have **other circumstances** not captured in the categories noted above. Please provide detailed explanation.



**Step 2:** Provide an **estimate** of the income you expect to receive in 2020, or provide your actual 2019 income.  
(Enter \$0 if item does not apply.)

**DEPENDENT:**

Father's/Step-Father's Income from work: \_\_\_\_\_

Mother's/Step-Mother's Income from work: \_\_\_\_\_

Student's Income from work: \_\_\_\_\_

Other taxable income: \_\_\_\_\_ Source: \_\_\_\_\_

Untaxed income or benefits (Social Security, Worker's Compensation, AFDC, Child Support, etc.): \_\_\_\_\_

Other untaxed income: \_\_\_\_\_ Source: \_\_\_\_\_

**INDEPENDENT:**

Student's Income from work: \_\_\_\_\_

Spouse's Income from work: \_\_\_\_\_

Other taxable income: \_\_\_\_\_ Source: \_\_\_\_\_

Untaxed income or benefits (Social Security, Worker's Compensation, AFDC, Child Support, etc.): \_\_\_\_\_

Other untaxed income: \_\_\_\_\_ Source: \_\_\_\_\_

**Certification Statement:** We the undersigned certify that the information on this form is true and complete to the best of our knowledge. We acknowledge that failure to provide appropriate documentation will result in an inability to consider this request for additional federal financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Cell Phone (if applicable): \_\_\_\_\_

**Question/Concerns?** Contact the Financial Aid Office at [finaid@ndm.edu](mailto:finaid@ndm.edu)