



2023-2024

**Special Circumstance Appeal Form**

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Student's Name

Student's MSU Net ID

MSU ID (9 digit)

Complete this form if you/your family have unusual circumstances that may affect your ability to contribute to your 2023-2024 educational expenses. We will consider appeals for Employment Loss; Death; Divorce/Separation; Excessive Medical expenses. We will re-evaluate your financial aid eligibility for possible adjustment, post additional documentation requirements as needed, and post a correction (if adjustments are made). An appeal may only be completed for those included on your 2023-2024 FAFSA.

- **Special Circumstances Appeals are limited to one per academic year (Fall/Spring/Summer).**
- **Additional documents may be required when our appeal committee evaluates your appeal.**
- **To check the status or see requests for any documents, log in to your MSU myState and check Eligibility Requirements; you can also see this under your MSU email address.**
- **Appeal will be delayed if ALL documents required and requested are not signed and submitted.**

Documents listed below are <b>REQUIRED</b> for <b>All</b> cases, along with <b>additional documents per circumstance</b>	
<input type="checkbox"/> Typed and signed letter	Explain the circumstance you are appealing for: Job/Income loss, Death, Divorce/Separation, Medical Expenses
<input type="checkbox"/> Completed 2324 Household/College Form	<a href="https://www.sfa.msstate.edu/forms/2023-01-01-000000/hhver">https://www.sfa.msstate.edu/forms/2023-01-01-000000/hhver</a>
<input type="checkbox"/> Signed copy of 1040 or Tax Return Transcript	For 2021 <b>AND</b> 2022 – First 2 pages listing wages and tax paid
<input type="checkbox"/> Copies of ALL Schedules (Sch) Filed	For 2021 <b>AND</b> 2022 – Sch 1, 2, 3, A, C, and D, K-1 (Form 1065)
<input type="checkbox"/> Copies of ALL W-2 and/or 1099 Forms	For 2021 <b>AND</b> 2022 • W-2/1099 wages must match 1040/transcript wages
Provide the following if unable to provide 2022 documents listed above (2021 still required):	
<input type="checkbox"/> 2022 Tax Return not yet filed – 2022 most current 3 month's pay stubs (must show gross year-to-date earnings)	
<input type="checkbox"/> Requesting to use 2023 income – 2023 most current 3 month's pay stubs (shows gross year-to-date-income)	

**Reason for Appeal** – Answer questions and provide documents specific to your situation:

1. <b>Employment Loss</b> – layoff/termination/job change that resulted in income reduction <b>since 2021</b> :		
<b>Name</b> of person who experienced the loss:	<b>Company Name</b> where <b>loss</b> occurred:	<b>Date loss started:</b>
<b>Relationship to student</b> (check box):	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Student <input type="checkbox"/> Student's Spouse	
<b>Did/will this person receive unemployment:</b>	<input type="checkbox"/> No <input type="checkbox"/> <b>Yes (Unemployment Benefit Statement <u>required</u>)</b>	
<b>Is this person currently employed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (new employ start date): _____ <b>If yes, list company name:</b>	
<b>Was loss voluntary?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Additional Documentation Required:</b>		
<input type="checkbox"/> Termination/separation letter ( <b>Employer signed</b> ) and copy of severance package (if severance received)		
<input type="checkbox"/> Copy of Unemployment Benefits Statement (		

MSU ID (9 digit)

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2. Death – if death occurred in 2021 or later – not considered if death was prior to 2021:		
Name of deceased parent or spouse:	Relationship to the student: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse	Date death occurred:
Additional Documentation Required: <input type="checkbox"/> Copy of Death Certificate or full Obituary		

3. Divorce or Separation – must occur <u>AFTER</u> FAFSA has been submitted:	
Name of Custodial Parent <u>on FAFSA</u> is:	
As of TODAY, Custodial Parent is (only check one):	
<input type="checkbox"/> Divorced from student’s biological/adoptive parent	<input type="checkbox"/> Divorced from student’s stepparent
<input type="checkbox"/> Separated from student’s biological/adoptive parent	<input type="checkbox"/> Separated from student’s stepparent
Date of Divorce:	Date:
Date of Separation (if not divorced): Temporary absences from home are not considered	Date:
Additional Documentation Required:	
1) <b>Divorced</b> – copy of divorce decree	
2) <b>Separated</b> – signed letter from lawyer specifying separation with intent to divorce, <b>if none, then:</b>	
a. Copies of <b>current</b> utility bills or lease agreements in <b>BOTH</b> parent’s names OR student/spouse’s names to verify separate addresses ( <b>REQUIRED to proceed</b> )	
3) If all of the 2021 income is other Parent’s, provide copies of their W-2 and/or 1099 Forms if available	

4. Excessive Medical Expenses – paid out-of-pocket in 2021 or 2022 only:	
Name of person who had excessive medical expenses:	
Year medical expenses occurred:	
Additional Documentation Required:	
1) <b>2021 copy of Schedule A <u>required</u></b> – shows eligible medical expenses paid that exceeds 11% of IPA	
a. FAFSA already includes 11% of the Income Protection Allowance (IPA) for medical expenses	
2) If 2022 not filed, provide copy of the 2022 medical payments <b><u>you paid out of pocket</u></b> over what insurance paid	
a. Include total owed, total paid by insurance, and total you paid <b>in 2022</b>	

**REQUIRED Signatures:**

By signing this form, I certify that all the information on this form and any attachments are complete and accurate to the best of my knowledge. *Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.*

**Handwritten signatures required – no initials or electronic signatures.**

DEPENDENT students – Both Student and Parent signatures are required.	
Student Signature _____	Date _____
Parent Signature _____	Date _____

INDEPENDENT students – Student and Spouse signatures are required (if married).	
Student Signature _____	Date _____
Student’s Spouse Signature _____	Date _____