



## 2021-2022 Special Circumstance Appeal

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**\*\*You must have completed the 2021-2022 Financial Aid requirements before completing this form\*\***

Your financial need is determined by the federal government when you complete and submit the application. Your financial aid offer is based on this information. Perry Technical Institute recognizes that special circumstances may affect a student's eligibility for financial aid. If you feel you have a special circumstance that has recently occurred and therefore was not reflected on the 2021-2022 application, you may provide our office with a detailed explanation of the situation and the relevant documentation to support your request. In turn, we will review your documentation and determine if an adjustment to your application is appropriate.

**Projected Income deadlines:**

- Accepted from: **Aug. 1<sup>st</sup>, 2020 thru April 1<sup>st</sup>, 2022.**
- Spring 2021 & Summer 2021 start date appeals accepted from: **Feb. 1<sup>st</sup>, 2022 thru Sept. 1<sup>st</sup>, 2022.**

**All other Appeal deadlines:**

- Accepted from: **Feb. 1<sup>st</sup>, 2021 thru Sept. 1<sup>st</sup>, 2022.**

Check Special Circumstance...	Then submit required documents (Write your Student ID# on each)
<input type="checkbox"/> Loss/Change of Employment Status (Projected Income)	<ul style="list-style-type: none"> <li>➤ Letter on employer letterhead with last date/change of employment</li> <li>➤ Provide last 2 current paystubs for all employers:             <ul style="list-style-type: none"> <li>• <i>If Married provide Spouse's paystubs</i></li> <li>• <i>If Dependent provide Parent(s) paystubs</i></li> </ul> </li> <li>➤ Special Circumstance Review Form attached</li> <li>➤ If filed a 1040 tax form provide current <b>signed</b> tax return copy</li> <li>➤ Copy of unemployment benefits (if applicable)</li> </ul>
<input type="checkbox"/> Change of Annual Income	<ul style="list-style-type: none"> <li>➤ Provide 2010 or 2021 <b>signed</b> student tax return copy for the income year that best fits your current income.             <ul style="list-style-type: none"> <li>• <i>If Married provide Spouse's signed tax return</i></li> <li>• <i>If Dependent provide Parent(s) signed tax return</i></li> </ul> </li> <li>➤ Special Circumstance Review Form attached</li> </ul>
<input type="checkbox"/> Marital separation or divorce after the FAFSA was filed	<ul style="list-style-type: none"> <li>➤ Copy of divorce decree or documentation of separation (Separate Maintenance Agreement, attorney's letter or proof of separate residences such as lease/utility bills)</li> <li>➤ 2019 <b>signed</b> tax return copy &amp; W2's for person on the FAFSA</li> <li>➤ Documentation of expected child and/or spousal support payment to be received</li> </ul>

<input type="checkbox"/> Death of Parent/Spouse	<ul style="list-style-type: none"> <li>➤ Copy of death certificate or obituary notice dates after application was filed</li> <li>➤ 2019 <b>signed</b> tax return copy &amp; W2's for both parties</li> <li>➤ Documentation of any 401(k) plan distribution payments expected to be received</li> </ul>
<input type="checkbox"/> Reduction of Untaxed Income (Ex. Unemployment, Child Support, Social Security)	<ul style="list-style-type: none"> <li>➤ Letter from appropriate agency or authority that gives details on when the benefits ended, type and amount of those benefits received in 2019</li> </ul>
<input type="checkbox"/> Non-reimbursed Medical/Dental Expenses	<ul style="list-style-type: none"> <li>➤ Documentation for non-reimbursed medical/dental expenses (EOB statements)</li> </ul>
<input type="checkbox"/> Non-recurring income – IRA or pension distribution, rollover, inheritance, etc.	<ul style="list-style-type: none"> <li>➤ Documentation of income type and amount (i.e., recent <b>signed</b> tax return copy)</li> <li>➤ Documentation of how the funds were spent or invested</li> </ul>
<input type="checkbox"/> Other	<ul style="list-style-type: none"> <li>➤ Documentation of your special circumstance</li> </ul>

**Please indicate your special circumstance for appeal:**

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**Please submit the required documentation and fill out all pertinent sections of this form, in order to process your appeal. Review will take place once all documents have been provided to our office.**

- ♦ I/we request the financial aid office to consider this Request for Professional Judgment based on these circumstances.
- ♦ I/we certify under penalty of perjury that the information provided on this form and for this Request for Professional Judgment is accurate and complete to the best of my/our knowledge.

**Student Signature**

**Date**

**Parent Signature**

**Date**

(Dependent Students Only)

**Please return to Perry Technical Institute, Financial Aid Office**  
2011 W Washington Ave Yakima WA 98903 • fax 509.453.0458 • [financialaid@perrytech.edu](mailto:financialaid@perrytech.edu)



## Special Circumstance Review Form

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

You are requesting a special circumstance appeal to document your income change. Please complete this form to clarify how the household is currently being financially supported. If you are a dependent student, you and your parent(s) must complete all boxes below. If you are an independent student, you and your spouse (if married) must complete boxes below. *(Enter \$0 if you did not have specified income/expense.)*

Student/ Spouse	Monthly Income	Parent(s)	Student/ Spouse	Monthly Expenses	Parent(s)
\$	Wages from Work	\$	\$	Rent/Mortgage	\$
\$	Unemployment	\$	\$	Food	\$
\$	TANF/Food Stamps	\$	\$	Clothing	\$
\$	Child Support Received	\$	\$	Utilities (Electricity, Water, Sewer, Cable)	\$
\$	Veteran BAH Payments	\$	\$	Cell Phone	\$
\$	Veteran Disability Payments	\$	\$	Medical/Dental/Vision Insurance	\$
\$	Social Security <input type="checkbox"/> Taxed or <input type="checkbox"/> Untaxed	\$	\$	Car Payment(s)	\$
\$	Workers Compensation	\$	\$	Car Insurance	\$
\$	Pension	\$	\$	Vehicle Gas	\$
\$	Support from Relatives or Friends	\$	\$	Childcare Expenses	\$
\$	Other Income	\$	\$	Other Expenses	\$
\$	<b>Monthly Income Totals</b>	\$	\$	<b>Monthly Expense Totals</b>	\$

If yours or parent's income did not meet expenses, please explain how those expenses were met:

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- ♦ I/we certify under penalty of perjury that the information provided on this form and for this Request for Professional Judgment is accurate and complete to the best of my/our knowledge.
- ♦ If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

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<b>Student Signature</b>	<b>Date</b>	<b>Parent Signature</b>	<b>Date</b>
		(Dependent Students Only)	