

# CHANGE IN CIRCUMSTANCE APPEAL

## 2019-2020

### Independent Student

Federal regulations permit the Office of Student Financial Aid the ability to make adjustments to a student's Free Application for Federal Student Aid (FAFSA) if a special or extenuating circumstance(s) exists that has a significant financial impact to the Expected Family Contribution (EFC) number. A student has the ability to submit a Change in Circumstance Appeal along with supporting documentation to request a reevaluation to adjust certain information reported on the FAFSA.

Based on the information reported on the Change in Circumstance appeal and supporting document(s), your EFC will be reevaluated and your FAFSA electronically updated. If it is determined that the adjustments will result in no change to your EFC or will cause an increase to your EFC, then the appeal will not be approved.

You, and if married your spouse, must complete all sections of this form and provide supporting documentation for the special/extenuating circumstance. **Include the student's Panther ID on all documents submitted.**

**Note:** During the process of reevaluation, if it is determined that a discrepancy exists, federal regulations require the Office of Student Financial Aid to resolve any conflicting information. Additional documentation may be required and this may cause a change to your EFC as well as a possible adjustment to any existing financial aid awarded.

	Description
1.	<p><b>Submission Deadline:</b> The <i>Change in Circumstance Appeal</i> and all supporting documentation must be submitted by <b>March 1, 2020.</b></p> <p>Documents may be submitted via one of the methods below:  <b>Mail:</b> Office of Student Financial Aid, P.O. Box 4040, Atlanta, GA 30302-4040  <b>Fax:</b> 678-891-3427  <b>On Campus:</b> Atlanta, Alpharetta, Clarkston, Decatur, Dunwoody, and Newton</p> <p><b>Keep copies of all documents submitted. Our office is unable to return or provide copies at a later date. <u>Include the student's Panther ID on all documents submitted.</u></b></p>
2.	<p>Allow a processing period of 2 - 4 weeks for the required documents to be reviewed by GSU's Financial Aid Processing Center; <i>the processing period may be longer during peak periods.</i></p> <p>The Financial Aid Processing Center will compare your FAFSA with the documents you submitted. During this comparison additional information or documentation may be requested for clarity. <b>If additional information is requested, this may delay the processing of your file.</b> Please check the status of your file at <a href="http://paws.gsu.edu">paws.gsu.edu</a>.</p>
3.	<p>We will update your FAFSA electronically based on the documents submitted. The corrections made to the FAFSA are sent electronically to <a href="http://www.FAFSA.gov">www.FAFSA.gov</a> for additional processing. We will receive the updated electronic FAFSA from <a href="http://www.FAFSA.gov">www.FAFSA.gov</a> within 3-5 business days.</p>
4.	<p>Your updated financial aid award may be viewed by logging into your account at <a href="http://paws.gsu.edu">paws.gsu.edu</a>. Monitor your account for updates to your award and the appeal decision will be emailed to your student email and may be viewed by logging into your account at <a href="http://paws.gsu.edu">paws.gsu.edu</a>.</p>

**KEEP THIS GUIDE FOR YOUR RECORDS**

Panther ID Number							

## CHANGE IN CIRCUMSTANCE APPEAL Independent Student

NAME AND ADDRESS							
Student's Last Name	First	MI	Date of Birth				
Home Phone (area code + number)		Cell Phone (area code + number)					
Street Address						Apt/Suite No.	
City		State			Zip Code		

### PART A – Type of Circumstance

In the chart below check the circumstance(s) that occurred **after** the FAFSA was completed, enter the status date, **AND** submit the corresponding required document(s). **If this appeal is being submitted after December 31, 2019 you must submit a 2019 IRS Wage and Income Transcript or a 2019 IRS Tax return transcript.** A transcript may be obtained from the IRS at <http://www.irs.gov/Individuals/Get-Transcript> or 1-800-908-9946.

Circumstance and Status Date (MM/ID/YYYY)	*Required Document*
<input type="checkbox"/> <b>Divorced</b> Enter date of status: ____ / ____ / ____	1. Copy of divorce decree 2. Copy of your 2018 Wage and Income Transcripts
<input type="checkbox"/> <b>Separated</b> Enter date of status: ____ / ____ / ____	1. Complete Part D of this form 2. Copy of your 2018 Wage and Income Transcript 3. Current copies of documents which are in your name only (such as utility bills or lease/rental/mortgage documents)
<input type="checkbox"/> <b>Widowed</b> Enter date of status: ____ / ____ / ____	1. Copy of Death Certificate 2. Copy of your 2018 Wage and Income Transcripts
<input type="checkbox"/> <b>Disability (student or income producing spouse)</b> Enter date of status: ____ / ____ / ____	1. Copy of official documentation of disability and inability to work 2. Copy of last earnings statement from previous employer
<input type="checkbox"/> <b>One-time income</b> <i>Example(s): Inheritance, ROTH IRA, Home sold, etc.</i>	1. Copy of official documentation of one-time income
<input type="checkbox"/> <b>Unemployed for at least 10 weeks</b> Enter begin date of status: ____ / ____ / ____	1. Copy of last earnings statement from previous employer 2. Copy of separation letter or document from previous employer stating date of termination 3. Benefit or denial letter of unemployment
<input type="checkbox"/> <b>Reduction of work hours for at least 10 weeks</b> Enter begin date of status: ____ / ____ / ____	1. Last two earnings statement from employer <i>Copy of 2018 Wage and Income transcript</i>
<input type="checkbox"/> <b>Loss of Benefits</b> <i>Examples: Child support ceased, Disability payment ceased, etc.</i> Enter date of status: ____ / ____ / ____	1. Last statement of total benefit(s) received for the year 2018 2. Copy of your 2018 Wage and Income Transcript 3. Copy of court order or letter from the agency verifying the date and reduction or termination of benefit(s)
<input type="checkbox"/> <b>Unusual medical or dental expenses</b> not covered by insurance <input type="checkbox"/> <b>Unusually high childcare expenses</b> not reported on tax return <input type="checkbox"/> <b>Tuition expenses for an elementary or secondary school</b>	1. Copy of bill(s) and receipt(s) to document payment of expense

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## PART B - Explanation of Circumstance

In the following section, provide the specific dates of the circumstance and a statement explaining the income changes that have occurred. In your explanation, provide specific information of the events in chronological order that occurred in 2018. *Attach an additional sheet if additional space is required.* Please provide an explanation of the special/extenuating circumstance(s)

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## PART C - Estimated 2019 Income

Complete the table below with your, and if married your spouse's, estimated total year 2019 taxable and untaxable income, and current asset(s). If an item does not apply or is zero, write zero (\$0).

Taxable Income	AMOUNT January 1, 2019 – December 31, 2019
Student Wages	\$ _____
Spouse Wages	\$ _____
Unemployment compensation	\$ _____
Other taxable income. Specify Source.	
Source: _____	\$ _____
Source: _____	\$ _____
<b>Total Taxable Income</b>	<b>\$ _____</b>

Untaxable Income	AMOUNT January 1, 2019 – December 31, 2019
Tax deductible payments to IRA/Keogh	\$ _____
Child support received	\$ _____
Other untaxed income and benefits*. Specify Source.	
Source: _____	\$ _____
Source: _____	\$ _____
<b>Total Untaxable Income</b>	<b>\$ _____</b>

*\*Examples of other untaxable income include: workers' compensation; disability; untaxed portions of health savings accounts; VA non-educational benefits; housing, food, and other living allowances; payments to deferred pension and savings plan; and untaxed portions of 401(K) and 403(B) plans.*

If the combined total estimated taxable and untaxable income reported above is less than \$5000 if you are unmarried or less than \$10,000 if you are married, then provide an explanation as to how you were able to meet living expenses in 2019.

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Panther ID Number									

**PART D - ONLY COMPLETE THIS SECTION IF YOUR MARITAL STATUS IS CHANGING TO SEPARATED.**

This section is only completed if the response to current marital status is SEPARATED in Part A of this form. **Marital separation is defined as:** (a) One of the partners has left the household for an indefinite period; **and** (b) the marriage is severed. If your circumstance does not meet this definition, then you are required to submit your spouses' information. *Note:* you must meet both parts of the definition to be considered separated. You must complete this section and provide **each** of the following items:

- CERTIFICATION AND STATEMENT OF MARITAL SEPARATION:** Please complete the certification statement below with names, dates, notarization, and signature.
- REFERENCE LETTERS:** Please attach two (2) letters from reputable third party sources (not a relative or a friend) who can endorse confirmation of your separation claim in their professional capacity on their business letterhead. For example, your pastor or rabbi, your marriage counselor, or your attorney can provide such a letter. **If you do not provide these two (2) reference letters, you will be required to provide your spouse's information. You must provide progressive documentation each year.**
- SUPPORTING DOCUMENTATION:** Please attach a copy of your 2018 Internal Revenue Service (IRS) *Wage and Income Transcript*, and copies of documents which are in your name only (such as utility bills or lease/rental/mortgage documents).

## CERTIFICATION AND STATEMENT OF MARITAL SEPARATION

I, \_\_\_\_\_, do hereby certify that my current marital status is separated from  
(Print Name)

my spouse, \_\_\_\_\_, since \_\_\_\_\_ / \_\_\_\_\_. I certify that we are and  
(Print Name) (Month and Year of Separation)

have continued living separated and the marriage is severed.

***I certify the above statement as true and accurate with my signature and notarization by notary public. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form.***

**NOTARIZATION:**

\_\_\_\_\_  
**Student Signature** **Date**

Panther ID Number							

## PART E – Household Information

Please list the names and ages of all the people supported between July 1, 2019 and June 30, 2020. Support includes money, gifts, loans, housing, food, clothes, car, medical/dental, payment of college costs, etc. If they will attend college at least half-time per semester between July 1, 2019 and June 30, 2020, write the name of the college. **Do not include foster children in the household.** Please attach an additional page if more space is required.

**List the people in your household. This includes:**

- yourself, and if married your spouse, and
- your children that you will provide more than half of their support from July 1, 2019 through June 30, 2020, and
- other people if they now live with you and you will provide more than half their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

NAME	DATE OF BIRTH	RELATIONSHIP	COLLEGE/ UNIVERSITY
Ex. John Doe	02/02/2999	Son	N/A
		<b>Self</b>	Georgia State University

## PART F - Current Marital Status

Check your current marital status:

- Married
  Divorced
  Widowed  
 Remarried
  Never Married
  Separated

## PART G - Child Support Paid

In 2018, did you, and/or if married your spouse, pay child support?

- No.  
 **Yes.** Please complete the chart below regarding child support paid by you, and if married your spouse, in 2018. **Please list total annual amounts received – DO NOT LIST MONTHLY AMOUNTS.** If you answer ‘Yes’ – you must complete the chart below. *If you require additional space, attach a separate page that includes the student’s name and GSU ID number at the top.*

Name of Child	Age of Child	Name of Parent/Guardian Paying Child Support	Name of Parent/Guardian receiving Child Support	Total Annual Amount of Child Support Paid in 2018
John Doe, Jr.	4	John Doe, Sr.	Jane Smith (example)	\$6,000.00

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## PART H – 2018 Income Information

Please check the box below that applies to 2018 income and/or tax status information. If you are submitting a **‘Wage and Income Transcript’** and/or **‘Tax Return Transcript’** for 2018, you may request a transcript be mailed by visiting <http://www.irs.gov/Individuals/Get-Transcript> or by calling the IRS at 1-800-908-9946. *If you filed a paper return, please allow 8 weeks from your filing date to obtain or request a transcript. If you filed electronically, please allow 2-4 weeks from your filing date to obtain or request a transcript.*

STUDENT	SPOUSE	Income and Tax Status	*Required Document*
<input type="checkbox"/>	<input type="checkbox"/>	Unemployed for <u>all</u> of 2018.	NONE
<input type="checkbox"/>	<input type="checkbox"/>	Earned income in 2018, <u>but</u> will not file and are not required to file a <u>U.S. or foreign</u> income tax return.	<b>2018 Wage and Income Transcript from the IRS</b> Or <b>Foreign income Document</b> (USD conversion) Or <i>If self-employed, attach a notarized statement listing the income earned in 2018.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Filed a 2018 <u>Foreign</u> tax return.	<b>Signed copy of foreign tax return.</b> List the USD conversion for the items below:  <b>Tax filing status</b> _____ <b>Total Exemptions</b> _____ <b>Adjusted Gross Income</b> _____ <b>Taxes paid</b> _____ <b>Wages/Income</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Filed a 2018 <u>Federal</u> tax return.	<b>2018 Tax Return Transcript</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Victim of Tax-Related Identity Theft</b>	1. You must contact the IRS at 1-800-908-4490 for guidance on obtaining an alternative document (Tax Return Database View); <b>AND</b> 2. Signed copy of IRS form 14039 (Identity Theft Affidavit); <b>or</b> Signed and dated statement indicating that you are a victim of tax-related identity theft and that the IRS has been made aware of the tax-related identity theft.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Filed IRS Tax Extension</b>	<b>Only applicable up to extension deadline of October 15, 2019.</b> Submit the following items:  1. IRS form 4868 or e-file receipt; <b>AND</b> 2. 2018 W2s and other income documents or If Self-employed – notarized statement of estimated/expected Adjustment Gross Income (AGI) and income tax to be paid; <b>AND</b> 3. Signed copy of IRS form 1040, 1040A, or 1040EZ showing estimates.

<p><b>Please check all the federal benefit programs that you, or anyone in anyone in your household, received benefits from in 2018 or 2019.</b></p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Supplemental Security Income (SSI)</td> <td><input type="checkbox"/> Free or Reduced Lunch</td> </tr> <tr> <td><input type="checkbox"/> SNAP (Food Stamps)</td> <td><input type="checkbox"/> WIC</td> </tr> <tr> <td></td> <td><input type="checkbox"/> TANF</td> </tr> </table>	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Free or Reduced Lunch	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> WIC		<input type="checkbox"/> TANF
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<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> WIC						
	<input type="checkbox"/> TANF						

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In the chart below list any income that was received in 2018. Please list annual amounts received – **DO NOT LIST MONTHLY AMOUNTS**. Do not leave any blanks. If an amount is zero (0), write zero (0).

2018 Income Information	STUDENT	SPOUSE
<b>1. Total 2018 Wages and list all employers</b> \$ _____ Employer(s): _____ _____ _____	\$ _____ Employer(s): _____ _____ _____	\$ _____ Employer(s): _____ _____ _____
<b>2. 2018 Unemployment Compensation</b> \$ _____	\$ _____	\$ _____
<b>3. Housing, food and other living allowances paid to members of the military, clergy and others.</b> <i>Do not include tithing to a church. Do not include the value of on-base military housing or the value of a basic military allowance housing.</i> \$ _____	\$ _____	\$ _____
<b>4. Child Support Received</b> <i>Do not include foster care or adoption payments.</i> \$ _____	\$ _____	\$ _____
<b>5. Veteran's non-education benefits</b> <i>Examples: Disability, Death Pension, or Dependency &amp; Indemnity Compensation (DIC), and/or VA Education Work-Study Allowances.</i> \$ _____	\$ _____	\$ _____
<b>6. Other untaxed income or benefits</b> <i>Specify the source. Examples: workers' compensation, disability, untaxed portions of health savings accounts, etc.</i> \$ _____ Source: _____	\$ _____ Source: _____	\$ _____ Source: _____
<b>7. Cash Gifts and /or bills paid on your behalf</b> \$ _____	\$ _____	\$ _____
<b>TOTAL 2018 Income Information</b> <i>In the chart above, add lines 1 through 7.</i> \$ _____	\$ _____	\$ _____

## PART I – Required Signature Certification

I certify that all the information provided on this form is complete and correct to the best of my knowledge. By signing this form I am giving the Office of Student Financial Aid permission to make corrections electronically to my application. I understand that if there are differences between my responses on this form and the information on my FAFSA I may be asked to submit additional documentation. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false, or misleading information provided on this form.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**WARNING**  
 Purposely giving false or misleading information may result in a fine, jail sentence or both.