

# SPECIAL CONDITIONS APPEAL

(2021-2022 Academic Year)



Scan the code on your phone and follow instructions to upload this document to CCC.

CCC ID#	Last Name	First Name	MI
Mailing Address		City	ST Zip Code
Phone # (include area code)		CCC Student Email Address @students.coconino.edu	

If you or your parent's financial situation has changed significantly since 2019, complete this form to request a FAFSA Expected Family Contribution (EFC) adjustment. You may appeal under section A, B, or C below. Please choose the section below that applies to you after explaining the situation leading to this appeal.

**Please explain in detail the reason for appealing (attach page if necessary):**

**SECTION A: Reduction in Income (choose one box)**

- I would like to use my families' 2020 income instead of 2019 income for FAFSA purposes. Please provide CCC with the following and fill out TABLE A on page 2:
  - 2020 W-2's (Student / Spouse / Parent(s))
  - 2020 signed 1040 Tax Return or Tax Return Transcript (Student / Spouse / Parent(s))
  
- I would like to use my families' 2021 income instead of 2019 income for FAFSA purposes. I understand that if I choose this option I may only submit this appeal between July 1, 2021 to November 15, 2021 or from February 1, 2022 to June 30, 2022 so that CCC has accurate information to adjust my EFC. Appeals submitted from November 16, 2021 to January 31, 2022 will not be accepted. Please provide CCC with the following and fill out TABLE B on page 2:
  - Most recent or final paystub for Student / Spouse/ Parent(s) showing year-to-date earnings
  - Reduction in hours letter from employer (if applicable)
  - Termination letter from employer (if applicable)
  - Unemployment benefit summary (if applicable)
 In addition, appeals submitted February 1, 2022 to June 30, 2022 must also provide:
  - 2021 W-2's (Student / Spouse / Parent(s))
  - 2021 signed 1040 Tax Return or Tax Return Transcript (Student / Spouse / Parent(s))

**SECTION B: Change in family structure (if applicable)**

- A divorce, legal separation, marriage, death etc. has created a change to our family financial situation. I would like to use my new family structure. Please provide CCC with the following:
  - Copy of marriage certificate (if applicable)
  - Copy of divorce decree or legal separation (if applicable)
  - Proof of separate residence for both parties (if applicable)
  - Copy of death certificate (if applicable)
  - Verification Worksheet

**SECTION C: One-time lump-sum payment (if applicable)**

- Somebody in my family received a one-time lump-sum payment in 2019 and would like it excluded from the FAFSA. Please provide CCC with the following:
  - Documentation explaining loss of one-time payment

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**All students must fill out either TABLE A or TABLE B below based on instructions on page 1:**

**TABLE A: Enter 2020 income only. Do not list income from any year other than 2020.**

2020 Taxable income ( <i>actual amounts</i> )	Student	Spouse	Parent 1	Parent 2
Unemployment Benefits	\$	\$	\$	\$
Business / Farm Income (Loss)	\$	\$	\$	\$
Veterans Non-Educational Benefits	\$	\$	\$	\$
Other Taxable Income (Severance pay, Alimony, Capital Gains, etc.) List Source: _____	\$	\$	\$	\$
2020 Untaxed income ( <i>actual amounts</i> )	Student	Spouse	Parent 1	Parent 2
Disability / Worker's Compensation	\$	\$	\$	\$
Child Support <b>Received</b>	\$	\$	\$	\$
Other Non-Taxable Income List Source: _____	\$	\$	\$	\$
Other Non-Taxable Income List Source: _____	\$	\$	\$	\$

**TABLE B: Enter 2021 income only.**

2021 Taxable income ( <i>yearly estimate</i> )	Student	Spouse	Parent 1	Parent 2
Unemployment Benefits	\$	\$	\$	\$
Business / Farm Income (Loss)	\$	\$	\$	\$
Veterans Non-Educational Benefits	\$	\$	\$	\$
Other Taxable Income (Severance pay, Alimony, Capital Gains, etc.) List Source: _____	\$	\$	\$	\$
2021 Untaxed income ( <i>yearly estimate</i> )	Student	Spouse	Parent 1	Parent 2
Disability / Worker's Compensation	\$	\$	\$	\$
Child Support <b>Received</b>	\$	\$	\$	\$
Other Non-Taxable Income List Source: _____	\$	\$	\$	\$
Other Non-Taxable Income List Source: _____	\$	\$	\$	\$

Appeals submitted without all required documentation will be denied. Please allow 10 business days after all required documentation has been received for the appeal to be reviewed.

I certify that information provided on this form is true and complete to the best of my knowledge. Purposely giving false or misleading information may result in a delay or denial of my federal financial aid and I may be fined up to \$20,000, sent to prison or both. I hereby provide consent for the use of electronic records and signatures on all financial aid documents. I understand that if I choose to sign electronically, my electronic signature constitutes a binding contract and may not be denied legal effect, validity, or enforceability solely because it is in electronic form or because an electronic signature or electronic record was used in its formation.

Student signature and date [How do I create a digital signature with Adobe?](#)

Parent signature and date (must sign by hand- digital signatures not accepted)

Office Use Only				
Changes to file:	<input type="checkbox"/> Income \$	<input type="checkbox"/> Taxes paid	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HHS/# Coll	<input type="checkbox"/> Marital status	<input type="checkbox"/> Untaxed income	<input type="checkbox"/>	New EFC:

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