

Student's Name (please print)

Mercyhurst Student ID

If your family's current financial situation is significantly different than the information provided on the 2024-25 FAFSA, fill out this form and include supporting documents. Student Financial Services (SFS) will review this information to determine if the student is eligible for extra financial assistance. Submitting this form does not guarantee a change to the student's eligibility. If conflicting information is found during this review, SFS is obligated by federal regulations to make any required adjustments. Appeal decisions are final and cannot be further appealed. For questions, contact SFS at 814-824-2288 or sfsverif@mercyhurst.edu.

<b>Options to submit forms and documents:</b>	Mail: Mercyhurst University Office of Admissions 501 East 38th Street Erie, PA 16546	Email: <a href="mailto:admissions@mercyhurst.edu">admissions@mercyhurst.edu</a>  Fax: 814-824-2072	<b>Allow 3-4 weeks processing time after ALL forms and documents are received.</b>
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### REQUIRED DOCUMENTS TO SUBMIT

Please redact all Social Security Numbers and banking information on submitted documents.

- Statement of Circumstances (See back of form).
- 2022 W-2(s) or wage statement(s).       2023 W-2(s) or wage statement(s).
- Signed and dated, 2022 Federal Income Tax Return, including all schedules.
- Signed and dated, 2023 Federal Income Tax Return, including all schedules.

<b>Date Special Circumstance occurred:</b>



### SELECT CIRCUMSTANCE(S) & SUBMIT ADDITIONAL DOCUMENTS

Check all circumstances that apply and indicate who experienced the circumstance(s). Submit the document(s) listed for each applicable circumstance. Please redact all Social Security Numbers and banking information on submitted documents.

#### Loss / Change in Employment

A significant loss of income due to unemployment or a job change occurring at least 12 consecutive weeks.

Who experienced the circumstance:  Parent of Dependent Student    Student    Student's Spouse

- Unemployment:** Provide the termination notice and unemployment records listing start/end dates and monthly amount received.
- Job Change:** Provide your most recent paystubs from your current and former employers.

#### Loss / Reduction in Benefits or Income

A significant loss of benefits from what was reported on the FAFSA and/or a significant increase in expenses.

Who experienced the circumstance:  Parent of Dependent Student    Student    Student's Spouse

- Unemployment Benefits:** Provide a statement from the agency that shows the loss/cancellation of benefits.
- Child Support/Alimony:** Provide dated court documentation showing the amount paid, lost, or reduced.
- Medical Expenses:** Provide dated documentation showing the amount of medical expenses paid after insurance coverage.
- Other:** Provide a statement and third-party documentation showing the loss/cancellation of benefits or increased expenses.

#### Separation / Divorce / Death of Parent or Spouse

If separation, divorce, or death occurred after filing the FAFSA.

Who experienced the circumstance:  Parent of Dependent Student    Student    Student's Spouse

- Separation:** Provide proof of each person's different addresses/residences (utility bill, driver's license, copy of lease, etc.).
- Divorce:** Provide a dated copy of the divorce decree.
- Death:** Provide a dated copy of the death certificate.

#### One-Time, Taxable Income (IRA pensions distribution, etc.)

Who experienced the circumstance:  Parent of Dependent Student    Student    Student's Spouse

If a non-recurring, lump sum distribution(s) was reported on the FAFSA.

- Provide Form 1099 or other proof of distribution amount.
- Provide a signed statement detailing how the non-recurring income was spent (include on Statement of Circumstances on back of form).

#### Other Extenuating Circumstances

Select this option if your family has experienced extenuating circumstances that are not listed above.

Who experienced the circumstance:  Parent of Dependent Student    Student    Student's Spouse

- Provide applicable documentation. Contact Student Financial Services for guidance.



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**COMPLETE THIS PAGE ONLY IF INCOME CHANGE OCCURRED AFTER JANUARY 1, 2024.**

Complete this page if the changes to your financial situation occurred in the 2024 calendar year. Student Financial Services (SFS) will include this information with your Special Financial Circumstance Appeal. Submitting this form does not guarantee a change to the student's eligibility. If conflicting information is found during this review, SFS is obligated by federal regulations to make any required adjustments. Appeal decisions are final and cannot be further appealed. For questions, contact SFS at 814-824-2288 or sfsverif@mercyhurst.edu.

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Asset Information	Parent(s) of Dependent Student	Independent Student*	Student's Spouse
Current amount of cash, savings, and checking	\$	\$	\$
Current net worth or real estate/investments (other than home)	\$	\$	\$
Current net worth of farm or business	\$	\$	\$

### 2024 Estimated Income Information

Provide the household's earned and estimated income figures for **January 1 through December 31, 2024**. Income amounts entered should be amounts prior to exemptions, adjustments, or deductions. If any item does not apply, enter zero (\$0). Provide documentation for all income items entered. If you are currently unable to estimate the total income, please contact SFS for guidance at 814-824-2288 or sfsverif@mercyhurst.edu.

Income Items	Earned Income (Jan. 1, 2024 to Today)	Estimated Income (Today to Dec. 31, 2024)	Total Income (Earned + Estimated)
Working/earned income for PARENT 1	\$	\$	\$
Working/earned income for PARENT 2	\$	\$	\$
Working/earned income for the INDEPENDENT STUDENT*	\$	\$	\$
Working/earned income for the STUDENT's SPOUSE	\$	\$	\$
Net Income from business or farm	\$	\$	\$
Net rental income or loss	\$	\$	\$
IRA Distributions/Pension Distributions	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Alimony received	\$	\$	\$
Child Support received	\$	\$	\$
Social Security benefits	\$	\$	\$
Untaxed Retirement or disability benefits	\$	\$	\$
Veterans' non-education benefits	\$	\$	\$
Other untaxed income. INDICATE SOURCE(S):	\$	\$	\$

\*An independent student is not required to report parental information on the FAFSA. A dependent student's income should not be reported on this page.

### CERTIFICATION

By signing this document, I certify that all information provided on this form, including supporting documentation is true and complete to the best of my knowledge. I further understand that purposely providing inaccurate or false information may result in denial, reduction, withdrawal and/or repayment of financial aid, legal action, imprisonment and/or fines. I agree to provide additional documentation, if requested. I understand that if at any time there is a change in the estimate of the income that was submitted on this form, I will notify the Student Financial Services. I understand that submission of this appeal does not guarantee my financial aid will be adjusted and I am responsible for any outstanding balance owed to the university. I understand that the appeal decision is final and cannot be overturned. The authority to perform professional judgment is specifically restricted to financial aid administrators.



**Acceptable signatures include blue or black ink, an electronic signature using a stylus or finger, or an image of the individual's signature affixed to the form. Typed signatures using font text will NOT be accepted.**

Student Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature (Required for Dependent Students only) \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_