

## Special Circumstances Income Appeal

The University of Lynchburg recognizes that unusual circumstances exist and that standard financial aid applications do not always capture the current financial situation of our students and their families. Through the Professional Judgment (PJ) Process, the Office of Financial Aid **may** be able to adjust your FAFSA to account for changes to your financial situation. All Professional Judgment requests are determined on a case-by-case basis and are not guaranteed to result in any additional financial aid.

### To begin an appeal:

1. Return this completed form with a personal statement (via letter or email) explaining the situation along with any supporting documentation; and
2. Please check all circumstances that apply.

**Any documentation containing sensitive personally identifiable information (e.g., social security number) should be submitted to the Financial Aid Office in person, through US Mail or via MyHive (when available).**

After reviewing your request, our office may ask for additional information. If you have any questions, please contact us at [financialaid@lynchburg.edu](mailto:financialaid@lynchburg.edu) or (434) 544-8228.

Student Name \_\_\_\_\_ Student Email \_\_\_\_\_

Parent or Spouse Name \_\_\_\_\_ Parent or Spouse Email \_\_\_\_\_

### Reduction of Income

**If loss or reduction of income occurred after January 1, 2024, please submit the following documents:**

- Signed 2024 and 2025 Tax Return(s) (1040);
- Any and all Tax Schedules, W2s, and 1099s; and
- Statement providing/projecting annual income for recent tax years.

If applicable, please submit:

- Official documentation verifying date of job loss (e.g., severance letter, unemployment decision, etc.), final paycheck stub(s) received, unemployment history summary reporting benefits received to date and balance remaining in 2025 or 2026;
- Most recent paycheck stub(s) of any and all employment if employed after job loss;
- Employer documentation verifying change in employment status (e.g., furlough) and a copy of paycheck stub(s) received before reduction and copy of most recent paycheck stub(s) since reduction;
- Official third-party documentation reporting termination or exhaustion of income or benefit;
- Doctor's note indicating illness/injury related to a loss of income and dates surrounding medical leave;
- Disability, worker's compensation, or other applicable documentation showing any income generated while on medical leave as a result of medical leave; and
- Last full paycheck stub before medical leave of employee who lost income.

**Unusual Medical/Dental Expenses**

**If you paid out of pocket (i.e., not covered by insurance) for medical or dental expenses after January 1, 2024, please submit the following documents:**

- Copy of Schedule A (Itemized Deductions) from your 2024 or 2025 income tax; and
- Copy of official documentation showing out-of-pocket payments.

**Divorce/Separation**

**If a divorce or separation occurred after the FAFSA was completed, please submit the following documents:**

- 2026-2027 Marital Status Form or 2026-2027 Student Marital Status Form;
- Signed 2024 Tax Return(s) (1040);
- Any and all Tax Schedules, W2s, and 1099s; and
- Statement providing/projecting annual income for recent tax years.

**Death of Parent or Spouse**

**If your spouse or parent passed away after the FAFSA was completed, please submit the following documents:**

- Copy of death certificate or published newspaper obituary with date of death;
- Signed 2024 Tax Return(s) (1040); and
- Any and all Tax Schedules, W2s, and 1099s;

**Private School Tuition**

Only elementary/secondary tuition expenses that have been or will be paid out of pocket for 2024, 2025, or 2026 are considered. Please submit documentation on letterhead or a bill reporting tuition costs and the names of the children who attended or will attend. Fees, books, supplies, etc. cannot be included in this amount.

- Dependent students: Tuition paid for siblings only
- Independent students: Tuition paid for dependent children only

**Parent or Sibling Enrolled in College**

Parent or sibling must be enrolled at least half-time per semester/quarter, in a regionally accredited institution, and working toward a degree, certificate, or program leading to a recognized education credential. Please submit documentation on letterhead or a bill from the college reporting tuition expenses paid out of pocket, number of credit hours, and degree program for the 2026-2027 academic year (Can also submit an unofficial transcript).

**By signing this worksheet, you (we) certify that all the information reported on it is complete and correct.**

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

Parent or Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

# Income Statement

<b>Actual 2025 Income or Estimated 2026 Income (Circle One)</b>	<b>Parent 1</b>	<b>Parent 2 (Or Spouse)</b>	<b>Student</b>
Income from Work	\$	\$	\$
Other Income (Unemployment, Worker's Compensation, etc.)	\$	\$	\$
<b>Total Income</b>	\$	\$	\$

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

Parent or Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_