Cleveland Institute of Art

Office of Financial Aid

2026-2027 SPECIAL CIRCUMSTANCE APPEAL FORM (SAI)

Student Name:_____CIA ID:_____

Phone Number:_____ Email:_____

We know that certain situations and events can affect a family's ability to pay for college, and it is important that you make us aware of these situations that you believe are not reflected accurately on the 2026-2027 Free Application for Federal Student Aid (FAFSA) and your Student Aid Index (SAI). The federal formulas used to determine need uses tax information from two years prior. We understand the possibility of changes to family situations. Please note, we cannot act on anticipated changes.

If your re-evaluation of FAFSA data is approved, we will make corrections to your FAFSA which may result in an increase of Federal aid eligibility, however an increase cannot be guaranteed.

For us to best understand your circumstance and act upon your request, please complete this form and attach the requested documentation. Verification of your FAFSA is included in this process. If your tax information was not transferred via the IRS data exchange on your FAFSA, we will request your 2024 federal tax information.

Decisions are final and further appeals will be reviewed only if new information or circumstances arise.

Reason for Request:

_____

_____

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_____

Select the box that best describes your situation and provide the requested documentation:

☐ **One-time Income Payment:** *You or your parent(s) received a one-time income payment in 2024 (may include pension or IRA distribution, inheritance, or bonus.)*

Additional required documentation:

1.) Documentation of one-time payment
2.) Explanation of why one-time payment in not available for educational purposes
*Consumer debt cannot be considered when determining a family's ability to contribute to a student's education

☐ **Loss of Untaxed/Taxable income:** *Child Support, Alimony, Workers Comp., social security, reduced income etc.*

List benefit or Untaxable/Taxable income source: _____

Date of Benefit or Income Loss: _____Amount received for 2024:_____

Additional required documentation:
Termination letter from provider/agency.

☐ **Separation/Divorce after the FAFSA was submitted:** Date of Separation/Divorce: _____

Additional required documentation:

1.) Separation or divorce papers
2.) All 2024 W-2's for both parents

☐ **Death of parent(s)**

Name of Deceased: _____ Date of Death: _____

Relationship to Student: _____

Additional required documentation:

1.) Proof of death
2.) All 2024 W-2 for parent(s)

☐ **Private School Tuition paid for legal dependents**

Elementary/Secondary school tuition expense totaling $_____for present year.
Name of child/children:

_____

Additional required documentation:
A statement on school letterhead, indicating the amount paid minus scholarships/tuition assistance.

☐ **Excessive Medical or Dental Payments:** *Payments must be those unreimbursed, do not include tax-exempt insurance premiums or expenses paid by medical saving through payroll deductions.*

Additional required documentation:

1.) Copy of Schedule A from 2024 Federal Tax Return and/or
2.) Proof of medical expenses paid from medical provider, not covered by insurance company

☐ **Loss of Employment: i.e. layoff, termination, retirement** *Only if 2026 income will be substantially lower than 2024 income*

(*check one*) ___Mother ___Father ___Student Date of Loss: _____/_____/_____

Additional required documentation:

1.) A letter on letterhead from previous employer indicating last day worked
2.) Last paystub showing year to date earnings or letter from employer indicating year to date earnings
3.) Unemployment Benefits Determination Statement, severance package
4.) Most current paystub, if employed

☐ **Other unusual circumstances**

Additional required documentation:

1.) Detailed statement explaining circumstances
2.) Supporting documentation

EVERYONE MUST COMPLETE THE FOLLOWING SECTIONS

HOUSEHOLD INFORMATION:

Dependent Student: List the people in your parents' household include:

- You, the student
- The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
    - They live with the student's parents (or live apart because of college enrollment),
    - They receive more than half of their support from the student's parents, and
    - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
    - They live with the student's parents,
    - They receive more than half of their support from the student's parents, and
    - They will continue to receive more than half their support from the student's parents during the award year.
- The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent of a U.S. tax return if the parent were to fil a U.S. Tax return at the time of completing the 2026-27 FAFSA. As a result, the parent should not include any unborn children in the family size.

Independent Student: List the people in your household, include:

- You, the student.
- The student's spouse, if the student is married.
- The student's dependent children if the following are true:
    - They live with the student (or live apart because of college enrollment);
    - They receive more than half of their support from the student; and
    - They will continue to receive more than half their support from the student during the award year.
- Other people if the following are true:
    - They live with the student;
    - They receive more than half of their support from the student; and
    - They will continue to receive more than half their support from the student during the award year.

Print the names of all household members in the chart below. Also, write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2026, and June 30, 2027, and will be enrolled in a degree, diploma, or certificate program. If you need more spaces, attach a separate page.

Full Name	Age	Relationship	College/University
		Self	**CIA**

ESTIMATE OF 2026 INCOME

Provide the BEST estimate of your and your parents' income if a dependent student; or student and spouse income if independent and married - from all sources for the period of January 1, 2026, through December 31, 2026. *You must answer each of the following lines.* Report "0" if nothing is received. *Be sure to list figures that encompass the entire 2026 calendar year* – it may be necessary to project or estimate a portion of this income. Submit the most recent paystub if employed.

Estimated 2026 Taxable Income:		**Parent(s)**		**Student/Spouse**
Wages, salaries, tips (including severance pay)	Father $		Student $	
	Mother $		Spouse $	
Pensions and annuities				
Interest/dividend income/capital gains				
Business or farm income:				
Alimony				
Unemployment				
Any other taxable income (deductible IRA distributions, refunds, S Corp, trusts, etc. Specify source: _____				
Total 2026 Taxable Income:				
Estimated 2026 Untaxed Income:				
Social Security benefits received for all household members				
Workers Compensation				
Retirement or disability benefits:				
Welfare benefits, ADC/AFDC (not snap/food stamps):				
Child support received for all children				
Any other untaxed income and benefits (untaxed portions of pensions and IRA distributions, Housing, food and other expenses paid, unsecured loans, etc. Specify source: _____				
Estimate Total 2026 Untaxed Income:				

Current Assets:

Cash, Savings, Checking	_____	_____
Net worth of current investments	_____	_____
Net worth of businesses and investment farms	_____	_____

CERTIFICATION:

We affirm that the information reported on this worksheet is complete and correct. I understand that the Office of Financial Aid reserves the right to request additional information as needed.
WARNING: If you purposefully give false or misleading information, you may be fined, sentenced to jail, or both.

Student Signature _____ Date _____

Parent Signature _____ Date _____

RETURN FORM TO: Cleveland Institute of Art, Financial Aid Office, 11610 Euclid Ave. Cleveland, OH 44016
financialaid@cia.edu