2020-2021 Special Circumstance Request

Student Name: ______________________________________  ID#__________________________

This form is used to request a reevaluation of the information on the Free Application for Federal Student Aid (FAFSA) due to special circumstances. Your request will not be processed until the Office of Financial Aid receives the FAFSA results AND all required supporting documents with this form. Failure to provide documentation will delay the review process.

Section A. Required documentation for ALL situations:

• Formal letter/statement from student detailing your circumstances, signed and dated
• Students and Parent’s 2018 IRS Tax Return Transcript(s) – if applicable
• V1 Verification Worksheet – if applicable
• Additional information requested from you by Office of Financial Aid

Section B. Check all that apply and provide appropriate documentation for each

☐ Loss of Income  Period of unemployment in 2018, from _____/_____/_____ to _____/_____/_____
Provide a letter from the employer stating effective date of termination, copy of last pay stub Showing YTD income including severance pay if any, and proof of unemployment benefits received if applicable.

☐ Disability  Date of Disability _______/_____/_______
Provide official documentation of disability from physician and any documentation Regarding disability benefits you have received or will receive.

☐ Alimony  Provide court documents stating termination date of benefits or affidavit that payments have ceased and total alimony received for 2018.

☐ Child Support  Provide a letter or court documents stating termination date of benefits or affidavit that payments have ceased and total child support received for 2018.

☐ Death  _____Parent _____Spouse. Provide a copy of death certificate.

☐ Workers Compensation  Provide a letter from Bureau of Workers’ Compensation stating termination date of benefit and total amount received for 2018.

☐ Divorce since Completing FAFSA  Date of divorce _____/_____/_______
Provide a copy of divorce decree and document income and assets for the coming year, IF Dependent student, submit documentation for the supporting parent.
Student Name: ___________________________________________ ID#____________________

☐ Separation since Completing FAFSA

Date of separation ______/______/______

Provide a copy of separation agreement or a letter from attorney, IF dependent student, submit Documentation for the supporting parent(s).

☐ Unusual Medical or Dental

Medical or Dental expenses that were not covered by insurance and exceed 11% of your income protection allowance listed on your Student Aid Report (SAR). Tax filers provide a copy of Schedule A of your 2018 federal income tax return. Non-Filers provide copies of the provider statement, cancelled checks and confirmation of total tax amount paid by insurance.

Section C. All income must be documented, including most recent pay stub

<table>
<thead>
<tr>
<th>Income</th>
<th>Parents/stepparent Projected 2018 income</th>
<th>Student/spouse projected 2018 income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students/Parent 1 income from work (gross amount)</td>
<td>$__________________</td>
<td>$__________________</td>
</tr>
<tr>
<td>Spouses/Parent 2 income from work (gross amount)</td>
<td>$__________________</td>
<td>$__________________</td>
</tr>
<tr>
<td>Taxable pensions/annuities</td>
<td>$__________________</td>
<td>$__________________</td>
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<tr>
<td>Severance pay</td>
<td>$__________________</td>
<td>$__________________</td>
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<tr>
<td>Alimony/Spousal support</td>
<td>$__________________</td>
<td>$__________________</td>
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<tr>
<td>Untaxed pensions/annuities (exclude rollovers)</td>
<td>$__________________</td>
<td>$__________________</td>
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<tr>
<td>Workers compensation/employer disability</td>
<td>$__________________</td>
<td>$__________________</td>
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<tr>
<td>Child support received</td>
<td>$__________________</td>
<td>$__________________</td>
</tr>
<tr>
<td>Other</td>
<td>$__________________</td>
<td>$__________________</td>
</tr>
</tbody>
</table>

Section D. Certification & Signatures

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide additional proof or documentation if required by the Office of Financial Aid. I also realized that if I do not provide proof or documentation when requested, I will not receive this consideration. I understand that if any of the figures used on this form change I must contact the Office of Financial Aid immediately in writing with the corrected figures.

___________________________________________________________  ______________________________________
Student Signature  Date

___________________________________________________________  ______________________________________
Parent Signature  Date

You should make a copy of this completed form for your records.