



2020-2021 Special Circumstance Request

This form is used to request a reevaluation of the information you provided 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:

Student Name: _____

Student ID#: _____

Reason for reevaluation request: (check all that apply)

- Loss of Income** **Period of unemployment in 2018, from ___/___/___ to ___/___/___**
Provide a letter from the employer stating the effective date of termination, copy of last pay stub showing YTD income earnings, including severance pay if any, and proof of unemployment benefits received if applicable.
- Unusual Medical or Dental** Medical or dental expenses that were not covered by insurance and exceed 11% or your income protection allowance (IPA) listed on your Student Aid Report (SAR). Tax filers provide a copy of Schedule A of your 2018 federal income tax return. Non-tax filers, provide a copy of the provider statement, cancelled checks and confirmation of total tax amount paid by insurance.
- Disability** **Date of Disability ___/___/___**
Provide official documentation of disability from physician and any documentation regarding disability benefits you have received or will receive.
- Divorce/Separation since filing FAFSA** **Date of divorce or separation ___/___/___**
Provide a copy of divorce decree, separation agreement or a letter from attorney and document income and assets for the coming year. For dependent student, submit documentation for the supporting parent.
- Workers Compensation** Provide a letter from Bureau of Workers' Compensation stating termination date of benefit and total amount 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.
- Alimony** **Provide court documents stating termination date of benefits or affidavit that Payments have ceased and total alimony received for 2018.**
- Death** **___Parent ___Spouse.** Provide a copy of death certificate.

Other Unusual

Circumstances

Personal statement, with supporting documentation from a third-party such as teacher, clergy, counselor, medical or government authority/agency, or court that is aware of the circumstances that exist such as abandonment by parents, abusive family environment that threatens the health and safety of the student, unable to locate parents, risk of being homeless, or unaccompanied youth as defined by McKinney-Vento Act.

Section B: All income must be documented, including most recent pay stub

	Student/Spouse Projected 2018 income	Parent/Stepparent Projected 2018 income
Student/Parent 1 income from work (gross amount)	\$	\$
Spouse/Parent 2 income from work (gross amount)	\$	\$
Taxable pensions and annuities	\$	\$
Severance Pay	\$	\$
Alimony/Spousal support	\$	\$
Untaxed pensions/annuities (exclude rollovers)	\$	\$
Worker's Compensation /employer disability	\$	\$
Child support received	\$	\$
Other	\$	\$

Section C: Required documentation for all request submitted

- **Formal letter/statement from student detailing your circumstances, signed and dated**
- **Student's/Spouse and/or Parent's 2018 Federal Income Tax Return Transcript-if applicable**
- **V1 Verification Worksheet**
- **Additional information as requested by the Financial Aid Office**

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