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## *Office of Student Financial Aid & Scholarships*

### **2020-2021 Special Circumstance Review Application**

#### **Student's Information:**

_____ Last Name	_____ First Name	_____ M.I.	_____ Student ID #
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Email Address	_____ Telephone Number		_____ Cell Phone Number

The U.S. Department of Education allows the Office of Financial Aid Services to re-evaluate, for its approval, your federal student aid eligibility based on unusual circumstances. **Please note that when the maximum of fixed federal and/or state student aid amounts have already been awarded, no changes can be made.** This appeal process is separate from any other financial aid eligibility requirements, and requires verification, if selected, is completed before this appeal can be considered. An appeal submitted without required documentation is incomplete and cannot be reviewed. Additional information and/or documentation may be needed. **You will be notified in writing within 10-14 days about the outcome of your appeal.** Student name and Student ID must be on all attachments. You are responsible for the payment of institutional charges due to Southern University and A & M College by the published due dates.

Each request for a special circumstance review is evaluated on an individual basis. In order to have your award re-evaluated; your initial award must be processed first. The number of special circumstance requests submitted to this office may possibly cause a delay in reviewing your application.

**Deadline: ☐ Fall- September 30<sup>th</sup> ☐ Spring Term- February 1<sup>st</sup> ☐ Summer Term-May 31<sup>st</sup>**

## **SPECIAL CIRCUMSTANCE AND REQUIRED DOCUMENTATION**

Check one box and attach the related, required documentation. Student name and Student ID # must be on all pages submitted.

### **Income Reduction**

☐ **Loss of Employment**

- ✓ Signed/dated detailed letter explaining your circumstances
- ✓ 2018 Tax Return Transcript from IRS website for student and parents (if dependent). **Copies of 1040, 1040A or 1040EZ are not acceptable.**
- ✓ W-2's for student and parents (if dependent)
- ✓ Letter from former employer(s) stating the last date of employment
- ✓ Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment benefits.
- ✓ Copy of last paystub(s) from former employer(s) and current employer(s), if applicable.
- ✓ If this form is submitted after **11/1/2020**, 2019 Tax Return Transcripts and W-2's should be submitted for student (spouse) and parents (if dependent)
- ✓ Copy of DD214 if appeal is due to discharge from active military duty

**The following items may be applicable**

- ✓ Proof of severance package benefits
- ✓ Proof of pension income
- ✓ Proof of other income (1099, Roth IRA Statement)

☐ **Divorce/Separation Divorce**

You must provide a copy of the court issued divorce decree. Separation: You must provide one of the following: legal separation court agreement or a statement from yourself or one parent explaining the current marital status with proof of separate residences maintained by each individual (for example – lease, mortgage statement or utility bill).

☐ **Loss of Unemployment Benefits**

You must provide a statement from the unemployment agency detailing the amount of benefits received and date terminated.

☐ **Disability**

You must provide a letter from the doctor stating the nature and date of disability. You must also provide a copy of expected social security benefits for 2019 and 2020.

**Dependency Override:** The following are examples of circumstances that may be considered for a dependency override: An abusive family environment, Abandonment and/or estrangement by Parents, Incarceration or institutionalization of both parents and Parents cannot be located.

- ☐ **Abandonment, Incarceration, Institutionalization or Estrangement of one or both Parents or Recent Death of Student's Spouse or Parent(s)**  
You must provide a copy of an official death certificate(s) and/or verification of incarceration MUST be provided along with three notarized letters from a family member, high school counselor and clergy of court.
- ☐ **Legal Guardianship Not Court Appointed-** Provide same required documentation for Estrangement and/or Recent Death of Parent(s).
- ☐ **Other** – please explain/summarize your circumstance below or in an attached letter You must submit documentation that you believe is appropriate for your situation

## EXPLANATION OF INCOME REDUCTION/DEPENDENCY OVERRIDE

**(All must complete this section)**

Please explain in detail the reason(s) for your request for special consideration. Give details of your income reduction, extenuating circumstances or additional expenses. Provide an additional sheet if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## ESTIMATED INCOME FOR 2020 CALENDAR YEAR

### (Please complete applicable sections)

If you (the student) are divorced or separated, include only YOUR income information. If your parents are divorced or separated, include only your custodial parent's income information. If your custodial parent has remarried you must include their spouse's income information. If the loss of income is due to the death of your (the student) spouse/parent, include only your income information or the surviving parent's income information.

**NOTE: Write in zero(0) if an item does not apply (1/1/2020-12/31/2020)**

	Father	Mother	Student	Spouse
<b>Taxable: Wages, Salaries, and Tips</b>				
State Unemployment Benefits				
Pension				
Alimony				
Other(please specify)				
<b>Non-Taxable:</b> Social Security Benefits				
AFDC				
Child Support Received				
Other Untaxed Income/Benefits				
<b>TOTAL ANTICIPATED INCOME</b>				
Cash & Savings				

**CERTIFICATION STATEMENT:**

\*\* I understand the Office of Student Financial Aid is reviewing my unusual circumstance appeal according to federal regulations for federal student aid eligibility. I also understand that any delay in my response for additional information within the 10-14 day review period can suspend or cancel this appeal. The outcome of this review may change my 2020- 2021 FAFSA and/or my financial aid eligibility. I understand that although your Special Circumstances may be approved, it may not warrant additional aid due to availability of funds. We certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the 2020-2021 academic year that would alter the information provided on this Special Circumstance Form, we will immediately contact the Financial Aid Office. \*\*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* WARNING: If you purposely give false or misleading information on this worksheet, you may be subjected to a fine, imprisonment or both. Under the provisions of the United States Criminal Code. \*\***

**Submit these documents to the financial aid administrator at your school.  
You should make a copy of these documents for your records.**