

Office of Student Financial Aid & Scholarships

2019-2020 Special Circumstance Review Application

Student ID #			
XXX-XXSocial Security# (last 4 digits)	Student's Last Name	Student's First Na	ame Middle Initial
Street Address	City	State	Zip Code
Home Telephone Number	Work Tel	ephone Number	Other Contact Number
* *		11	Aid (FAFSA) has been submitted
Complete this form ONLY if there n your 2018 taxable or non-taxable.		extenuating circumstance, whic	h have caused a significant decrease
			have your award re-evaluated; your ffice may possibly cause a delay in
Circumstances which might be o	considered unusual or exte	nuating may include (but not l	imited to) the following:
☐ A. Income Reduction			
☐ B. Dependency Over	ride		

NOTE: Current or future financial aid could be adjusted/revised if the documentation does not support the claim.

Please select ONLY ONE of the appropriate boxes.

A. INCOME REDUCTION

☐ 1. UNEMPLOYMENT	Effective Da	ıte	New Date of Employment
Required Documents:			
Employment Verification Form (n			
Certification of total 2018 unempl			
•2019 earnings up to the last date o	f employment (a check s	tub must be prov	ided)
•2018 1040 Tax Returns			
2. CHANGE IN EMPLOYM	IENT Effective Da	ıte	
Required Documents:			
Employment verification Form (no		erhead)	
First and/or last date of employme			
2018 earnings up to the last date o			mer employer must be provided)
Current 2019 earnings (last two ch	eck stubs from current e	mployer)	
•2018 1040 Tax Returns			
3. RETIREMENT	Effe	ctive Date	
Required Documents:			
Employment Verification Form (no	otarized on employer lett	erhead)	
First and/or last date of employmen			
2019 earnings up to the last date of	employment		
2018 1040 Tax Returns			
if military discharge, copy of DD2	14		
retirement statement for 2018			
Certification of unemployment ber	efits (if applicable)		
4. DIVORCE/SEPARATION	N Effe	ctive Date	
Required Documents:			
Divorce (copy of divorce decree)			
Separation (copy of legal separatio verifying separation)	n or signed copy from ar	attorney indicat	ing date of separation or a notarized statemer
Rent and/or utility y receipts for bo	oth parents		
2018 1040 Tax Returns (both parti-	es)		
2018 W-2s (both parties)			
5. DEATH	Effective Date	e	
Required Documents:	Ziredi e Dan		
Obituary			
Copy of death decree			
6. DISABILITY	Efforting Date		
□ 6. DISABILITY Required Documents:	Effective Date	2	
A letter from the doctor stating the	nature and date of disah	ility	
Copy of expected social security be			
	D/OD 113/15	0.45	7700 11 70 1
7. LOSS OF BENEFITS AN		OME	Effective Date
Please check appropriate box be Child Support □ Alimony □	low: Workman's Comp □	Social Security	y □ Disability □ Other □
		Social Seculity	

<u>Required Documents:</u>
•Letter certifying appropriate loss on verifying letterhead.

Estrangement of one and/or both Parent(s.) Required Documentation Death certificate(s) or verification of incarceration must be provided along with three notarized letters from a family member, high school counselor, education clergy, social worker, police report, and or physician. Legal Guardianship Not Court Appointed-Provide the same required documentation required for Estrangement of one and/or both parents. Previously married and now divorced or widowed- Statement explaining why you believe you should be considered independent and submit copy of the divorce decree or death certificate. 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.		
one and/or both parents. Previously married and now divorced or widowed- Statement explaining why you believe you should be considered independent and submit copy of the divorce decree or death certificate. 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		incarceration must be provided along with three notarized letters from a family member, high school counselor, education
independent and submit copy of the divorce decree or death certificate. 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		
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	(All mu Please e	st complete this section) xplain in detail the reason(s) for your request for special consideration. Give details of your income reduction, extenuating

B. DEPENDENCY OVERRIDE- Select one of the following options for which you are appealing your dependency status.

ESTIMATED INCOME FOR 2019 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 (1/1/2019-12/31/2019)

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

CERTIFICATION STATEMENT:

** Although your Special Circumstances may be approved,	, it may not warrant ad	ditional aid due to availability of
funds. We certify that the information provided on this form $% \left\{ \left(1\right) \right\} =\left\{ \left(1$	is complete and accura	te to the best of our knowledge. If
additional changes occur during the 2019-2020 academic year	ar that would alter the i	nformation provided on
this Special Circumstance Form, we will immediately contact	ct the Financial Aid Off	ice.
Student's Signature	Date	
Spouse's Signature	Date	
Father's Signature	Date	
Mother's Signature	Date	
Submit these documents to the financial You should make a copy of these		•
FOR OFFICE	E USE ONLY	
Evaluated and Recommended for Approval by: Approved or Denied by:	Financial Aid Cou	nselor's Signature & Date
Associate Director's S		
	Signature	Date