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*Office of Student Financial Aid & Scholarships*

## **2019-2020 Special Circumstance Review Application**

_____			
<b>Student ID #</b>			
_____	_____	_____	_____
<b>XXX-XX-</b>	<b>Student's Last Name</b>	<b>Student's First Name</b>	<b>Middle Initial</b>
<b>Social Security# (last 4 digits)</b>			
_____	_____	_____	_____
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____	_____
<b>Home Telephone Number</b>	<b>Work Telephone Number</b>	<b>Other Contact Number</b>	

This application should be used AFTER the 2019-2020 Free Application for Federal Student Aid (FAFSA) has been submitted. Complete this form ONLY if there has been a recent unusual or extenuating circumstance, which have caused a significant decrease in your 2018 taxable or non-taxable income.

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 by this office may possibly cause a delay in reviewing your application.

**Circumstances which might be considered unusual or extenuating may include (but not limited to) the following:**

- A. Income Reduction**
- B. Dependency Override**





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

**CERTIFICATION STATEMENT:**

**\*\*** 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 2019-2020 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 FINED AND/OR SENTENCED TO JAIL.**

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

**\*\*FOR OFFICE USE ONLY\*\***

**Evaluated and Recommended for Approval by:** \_\_\_\_\_  
Financial Aid Counselor's Signature & Date

**Approved or Denied by:** \_\_\_\_\_      \_\_\_\_\_  
Associate Director's Signature    Date