

2022-23 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 2020 IRS Tax Return Transcript(s) – if applicable**
- **V1 Verification Worksheet – if applicable**
- **Additional information requested from you by the Office of Financial Aid**

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

Loss of Income **Period of unemployment in 2020, 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 2020.

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 2020.

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 2020.

Divorce since **Date of divorce** ____/____/____
Completing FAFSA Provide a copy of divorce decree and document income and assets for the coming year, IF
Dependent student, submit documentation for the supporting parent.

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**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 2020 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

		Parents/stepparent Projected 2020 income	Student/spouse projected 2020 income
Income	Students/Parent 1 income from work (gross amount)	\$ _____	\$ _____
	Spouses/Parent 2 income from work (gross amount)	\$ _____	\$ _____
	Taxable pensions/annuities	\$ _____	\$ _____
	Severance pay	\$ _____	\$ _____
	Alimony/Spousal support	\$ _____	\$ _____
	Untaxed pensions/annuities (exclude rollovers)	\$ _____	\$ _____
	Workers compensation/employer disability	\$ _____	\$ _____
	Child support received	\$ _____	\$ _____
	Other	\$ _____	\$ _____

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.