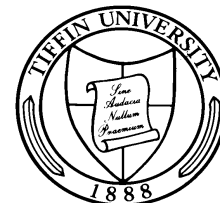


***Special Circumstances Review 2009-2010***  
***Independent Student***



You have indicated to the Financial Aid Office that you and/or your family have had a significant change in your financial situation during 2008 and/or 2009. The Financial Aid Office may be able to re-evaluate your eligibility for financial aid for the 2009-2010 academic year. This review will be based upon the information you provide through a process called *Special Circumstances Review*.

The *Special Circumstances Review* allows financial aid administrators to review and possibly alter data elements originally listed on your Free Application for Federal Student Aid (FAFSA) thereby altering your expected family contribution.

Circumstances which may result in the adjustment of your family contribution include, but are not limited to:

- ❖ Loss of untaxed income or benefits for at least 10 weeks. For example social security, child support or unemployment compensation
- ❖ Parent attending college or university in the 2009 -2010 academic year
- ❖ Loss of earnings in 2008 due to loss of a job, change in job, reduction in pay, disability, natural disaster, or involuntary retirement. Loss of overtime and voluntary retirement are NOT considered
- ❖ Loss of taxed income such as alimony
- ❖ Payment of alimony or divorce settlement to ex-spouse
- ❖ Payment of legal fees, back taxes, or sewer assessment in 2008 or 2009
- ❖ Costs associated with financial responsibility for maintaining two households due to involuntary relocation of parent's/ spouse's job due to economic cutbacks or plant closings, etc.
- ❖ Financial support for elderly relatives such as nursing home costs
- ❖ Payment of medical and dental expenses not covered by health insurance but paid by parent/student in 2008 and/or 2009. Separation, divorce, or death of a parent/spouse after the Free Application for Federal Student Aid (FAFSA) is filed

If you and your family meet one of the criteria listed above, or if you have been experiencing other extenuating circumstance that you would like us to take into consideration, please complete this application and submit the required documentation. Please note, this review does not guarantee a change in your financial aid eligibility, however it may. Your financial aid administrator will contact you if your aid will change.

**Section I:**

**Student Name (print)** \_\_\_\_\_

If you have not yet filed a 2009-2010 Free Application for Federal Student Aid (FAFSA), you must do so first. **We are unable to give consideration to your circumstances until we have received the results from your FAFSA.**

Below, please give an explanation of the special circumstances (include dates when changes occurred):  
(attach additional sheet if needed)

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**Section II:**

Please provide anticipated income for the entire 2009 calendar year. List the income that was received from January 1, 2009 until now in the first column. In the second column, please estimate the income that you anticipate receiving from now until December 31, 2009. Please total your columns when finished.

**INCOME FOR JANUARY 1, 2009 TO DECEMBER 31, 2009**

<b>Source</b> <b>Student / Spouse Information</b>	<b>Actual</b> <b>1-1-09 to Today</b> <b>Today's date</b>	<b>ESTIMATED</b> <b>Today to 12-31-09</b>	<b>TOTAL</b> <b>(Actual + Estimated</b> <b>Columns)</b>
Student's income from work			
Spouse's income from work			
Taxable interest income			
Taxable pension / annuities			
Unemployment compensation			
Taxable portions of Social Security			
Alimony / Spousal support			
Untaxed portions of Social Security			
Welfare benefits or AFDC			
Untaxed pensions/annuities – exclude roll-overs			
Worker's Compensation			
Child support received			
IRA / KEOGH contributions			
Untaxed interest income			
Earned Income Credit			
Severance Pay			
Other _____ _____			
<b>Increased Expenses</b>			
<i>If you are requesting a review due to an increase in particular expenses in 2008 and/or 2009, please list the type below:</i>	<i>Actual: Amount paid, plus list year for which payment occurred</i>	<i>Estimated: Amount estimated you will pay from through December 31, 2009</i>	
<i>Expense:</i> _____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Student Name: \_\_\_\_\_

SS# \_\_\_\_\_

Certification Statement: I certify that all of the information submitted and reported on this application to be true and complete to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse (if married) Signature (required)

\_\_\_\_\_  
Date

### **Section III:**

Special Circumstances that may result in the adjusting of your family contribution and the documentation required to process the special conditions are listed below. Please submit your documentation along with this Special Circumstances Application to the Financial Aid Office.

\*\*\*\* *If you have filed **taxes for 2008, you must include a signed copy.***

#### **Circumstance**

#### **Required Documentation**

##### *Loss of untaxed income/benefits for at least 10 weeks*

Social Security	A copy of the social security termination letter and a copy of the most recent social security benefit letter
Child Support	The court or child services agency document stating the date of termination and the amount of monthly benefit
Unemployment Comp.	A copy of the unemployment compensation termination letter and a copy of the unemployment benefit letter
Worker's Comp.	A copy of the Worker's Compensation termination letter and documentation of the monthly benefit received

##### *Loss of one-time income received*

Withdrawal from Pension	A copy of your 2008 federal tax return and source of pension withdrawal.
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##### *Loss of earnings*

Loss of job	A copy of your last pay stub, letter from prior employer indicating last day worked, copy of unemployment eligibility determination notice
Change in job (reduced pay)	A copy of your last pay stub from prior employer, a copy of your most recent pay stub from current employer, letter from current employer confirming new pay rate
Disability	A letter from a doctor confirming the disability & prognosis for returning to work, a letter from Social Security or an insurance agency stating the amount of monthly disability benefits

##### *Loss of taxed income*

Alimony	A copy of court documents stating the amount of monthly benefits received and the termination date of alimony received
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## Circumstance

### *Payments made or debt incurred*

Payment of legal fees.

Back taxes

Nursing home costs associated with dependent elderly relatives.

Medical/dental expenses not covered by health insurance buy paid by student/parent in 2008 and/or 2009.

### *Death of a parent or spouse*

### *Separation or divorce*

Please provide any further documentation

**\*\*\*\* When mailing your application for special circumstances, please remember to enclose this application, the 2009-2010 Verification Worksheet, your 2008 signed taxes (if filed), and the appropriate documentation**

## Required Documentation

A letter from an attorney documenting the date of service and payments made

A letter from the IRS stating the amount owed and terms of repayment

Copies of nursing home bills and copies of canceled checks documenting payments.

Copies of canceled checks showing the amount of medical bills paid that were not covered by health insurance or a copy of your 2008 tax schedule A.

A copy of the death certificate

Copy of divorce or legal separation papers or a letter from an attorney stating marital status or documentation confirming separate residences