



## *Financial Aid Special Circumstances Review* **2011-2012**

Dear 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 2010 and/or 2011. The Financial Aid Office may be able to re-evaluate your eligibility for financial aid for the 2011-2012 academic year through a process called the *Special Circumstances Review*. This process allows financial aid administrators to review and possibly adjust information on your FAFSA, which may qualify you for more financial assistance.

*We can only review for Special Circumstances after you have filed a FAFSA, and only if you have submitted all required documentation. Requests made without appropriate documentation will not be reviewed.*

Please complete the following:

1. Fill out all sections of this form that apply to your circumstances.
2. Attach required documentation for the circumstance(s) that pertain to you.
3. Complete all verification documentation, which includes:
  - a. Verification worksheet (attached)
  - b. SIGNED Federal tax returns for student (and spouse, if independent)
  - c. SIGNED Federal tax returns for parent(s) listed on the FAFSA
  - d. All W-2s that correspond to tax returns

### **Section I:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

***Please provide a statement explaining your special circumstances, including when these changes occurred. Attach additional sheets if needed.***

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## **Section II: Loss of Earnings, Income, or Benefits**

Please indicate any of the circumstances below that apply to your situation, fill out the chart at the end of this section, and attach the required documentation.

### **Loss of job**

#### ***Required Documentation:***

- 1. Copy of your last pay stub*
- 2. Letter from prior employer indicating last day worked*
- 3. Copy of unemployment eligibility determination notice*

### **Change in job resulting in reduced pay**

#### ***Required Documentation:***

- 1. Copy of your last pay stub from prior employer*
- 2. Copy of most recent pay stub from current employer*
- 3. Letter from current employer confirming new pay rate*

### **Disability**

#### ***Required Documentation:***

- 1. Copy of your last pay stub*
- 2. Letter from a doctor confirming the disability and prognosis for returning to work*
- 3. Letter from Social Security or an insurance agency stating the amount of monthly disability benefits.*

### **Loss of taxed income (e.g. Alimony)**

***Required Documentation:*** *A copy of court documents stating the amount of monthly benefits originally received and the termination date of the benefit.*

### **Loss of taxed or untaxed benefits (e.g. Alimony, Social Security, Child Support, Unemployment Compensation, Worker's Compensation) for at least 10 weeks**

#### ***Required documentation:***

- 1. Verification from the appropriate agency/court documentation noting when the benefit was discontinued*
- 2. Official documentation stating the original benefit amount for 2010*

### **Loss of one-time benefit received (e.g. One-time withdrawal from pension)**

***Required documentation:*** *Copy of your 2010 federal tax return and source/reason of pension withdrawal.*

**ESTIMATED INCOME FOR JANUARY 1, 2011 TO DECEMBER 31, 2011**

<b>Source</b> <b><u>Parent Information</u></b>	<b>Actual</b> <b>1-1-11 to Today</b> <b>Today's date</b>	<b>ESTIMATED</b> <b>Today to</b> <b>12-31-11</b>	<b>TOTAL</b> <b>(Actual + Estimated</b> <b>Columns)</b>
Mother's income from work			
Father's income from work			
Student's income from work			
Spouse's income from work (Independent Students only, if married)			
Taxed/untaxed pension/annuities			
Taxed/untaxed Social Security			
Unemployment/Worker's Compensation/Welfare benefits			
Alimony/Spousal support received			
Child support received			
IRA/KEOGH contributions			
Untaxed interest income			
Severance Pay			
Other _____ _____			

**Section III: Payments Made or Debt Incurred**

Please indicate any of the circumstances below that apply to your situation, fill out the chart at the end of this section, and attach the required documentation.

\_\_\_\_\_ *Payment of legal fees*

*Required documentation:* A letter from an attorney documenting the date of service and payments made

\_\_\_\_\_ *Back taxes*

*Required documentation:* A letter from the IRS stating the amount owed and terms of repayment

\_\_\_\_\_ *Nursing home costs associated with dependent elderly relatives*

*Required documentation:*

1. Copies of nursing home bills
2. Copies of canceled checks documenting payments made

\_\_\_\_\_ *Significant out-of-pocket medical/dental expenses paid by family in 2010 and/or 2011*

*Required documentation:*

1. Copies of cancelled checks showing the amount of medical bills paid that were not covered by health insurance, AND/OR
2. Copy of your 2010 tax Schedule A

**Private School tuition for a dependent child during the 2011 calendar year**

**Required documentation:**

1. Tuition statements from the institution the student is attending
2. Copies of canceled checks documenting payments made

**EXPENSES FOR 2010 and 2011**

<b>Increased Expenses</b>	Amount paid in 2010	Amount paid in 2011
Medical/Dental expenses not covered by any other source		
Nursing home/Dependent care expenses		
Private primary/secondary school tuition		
Back taxes/legal fees		

**Section IV: Changes to Family Status**

Please indicate any of the circumstances below that apply to your situation and attach the required documentation.

         **Death of a parent or spouse**

**Required documentation:** A copy of the death certificate

         **Separation or divorce**

**Required documentation:**

1. Copy of divorce or legal separation papers or a letter from an attorney stating marital status, AND/OR
2. Documentation confirming separate residences

**Section V: Other**

**Required documentation:** Please provide documentation to support your extenuating circumstances.

The documentation provided with this form will determine whether an adjustment can be made to your FAFSA in accordance with federal regulation. In some cases, an adjustment can be made to a student's FAFSA, however; it may cause no overall increase to a student's award package. A representative of the Financial Aid Office will send notification of the results of this review.

*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. Upon request, I/we will provide additional documentation to substantiate the circumstances described here.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (required if student is dependent)

\_\_\_\_\_  
Date

# TIFFIN UNIVERSITY

## 2011 – 2012 VERIFICATION WORKSHEET

### Federal Student Aid Programs

Your application was selected by the U.S. Department of Education for review in a process called "Verification." In this process, we are required by law to compare the information from your application with the information provided on this form and a signed copied of your 2009 federal tax forms (and your spouse's if you are married or parent's if you are considered dependent for federal aid purposes). If there are differences between your application and the documents you've submitted, corrections may need to be made. **WE CANNOT PROCESS YOUR FINANCIAL AID UNTIL VERIFICATION HAS BEEN COMPLETED SO PLEASE PROVIDE THE REQUIRED DOCUMENTS AS SOON AS POSSIBLE.**

**What you should do:**

1. Collect your (and your spouse's or parents') financial documents (signed Federal income tax forms, W-2, etc.).
2. Complete and sign the Verification Worksheet (and your parent if you are required to provide their income information).
3. Contact us at 800-968-6446 ext. 3279 if you have any questions about completing the worksheet.
4. Bring in, mail or fax the completed worksheet, tax forms and any other documents to the Tiffin Uiveristy Financial Aid Office.
5. We will compare the information on these documents and make corrections if necessary.

#### A. Student Information

Last Name	First Name	M.I.	Social Security Number	
Address		City	State	Zip
Date of Birth			Email Address	
Home Phone Number			Cell Phone Number	

#### B. Student Information

**Independent Students:** List the people in your household: include (a) yourself, your spouse if married (b) your children, if your provide more than half of their support from July 1, 2010 through June 30, 2011 and (c) any other people if they now live with you and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.

**Dependent Students:** List the people in your parents' household: include (a) yourself, your parents(s) you with (include stepparent) (b) your parents' other children even if they don't live with your parent(s) if (1) your parents provide more than half of their support from July 1, 2010 through June 30, 2011 or (2) if they would be required to provide parental information when applying for Federal student aid and (c) any other people if they now live with your parents and your parents provided more than half of their support and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s) who will be attending at least half time between July 1, 2010 and June 30, 2011 and will be enrolled in a degree, diploma or certificate program. If you need more space attach a separate page.

Full Name	Age	Relationship	College
Missy Jones (example)	18	Sister	Central University
		SELF	

### C. Tax Forms and Income Information

All tax filers must submit a signed copy of all 2009 Federal Income Tax Returns (includes the 2009 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return) for those people checked below:

You       Your Spouse       Your father (step)       Your mother (step)

*If you did not keep a copy of your tax return, you must request a transcript of your account from the Internal Revenue Service by calling 800-829-1040*

All students must submit all W2 forms for the year or a 1099 form. Please check the box for all other individuals whose W2 or 1099 forms are being attached; i.e. if you are a dependent student.

You       Your Spouse       Your father (step)       Your mother (step)

Check the box for those people who did not and are not required to file a 2009 Federal Income Tax Return. List below your employer(s) and any income received in 2009 (use W-2 forms or other earning statements).

You       Your Spouse       Your father (step)       Your mother (step)

Name of Employer	Student Amount	Spouse or Parent(s) Amount

Both tax filers and non-tax filers must list any untaxed income received in 2009. Be sure to enter zeros if no funds were received. Failure to complete this section will delay the processing of your financial aid.

Student and/or Spouse	Untaxed Income Calendar Year 2009	Parent(s) (step-parent)
\$	<i>Payments to tax deferred pensions and savings plans (paid directly or withheld from earnings) including but not limited to amounts reported on W-2 Form Box 12a – 12d, codes D,E,F,G, H and S</i>	\$
\$	<i>Child support received for all children. Do NOT include foster care or adoption payments.</i>	\$
\$	<i>Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).</i>	\$
\$	<i>Workers' compensation, disability, etc.</i>	\$
\$	<i>Money received or paid on your behalf (e.g., rent, utilities, food, personal expenses) not reported elsewhere on this form.</i>	\$
\$	<i>Interest on tax-free bonds</i>	\$

### D. Sign This Worksheet

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. Warning: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Dependent Students only)

\_\_\_\_\_  
Date

Do not mail this worksheet to the Department of Education. Submit this worksheet to the Tiffin University Financial Aid office.

Don't forget to sign all documents!