

## 2009-2010 SPECIAL CIRCUMSTANCES FORM

Print Student's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

### **SECTION A: EXPLANATION OF SPECIAL CIRCUMSTANCES:**

Please attach a separate written statement detailing the specifics of your circumstances and providing any important information that will help us better understand your particular situation. Make sure to sign your written statement once completed.

### **SECTION B: SPECIAL CIRCUMSTANCES FOR CONSIDERATION:**

Please check which Special Circumstance applies to you. Any documentation listed as required but not submitted will cause a delay in our ability to review your request until every required document has been received.

SPECIAL CIRCUMSTANCE	FOR A DEPENDENT STUDENT	FOR AN INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
<input type="checkbox"/> <b>Loss of Employment</b>	Your parent(s) or your income earned in 2009 will be less than that earned in 2008.	Your (and/or your spouse's) income earned in 2009 will be less than that earned in 2008.	Complete signed copies of: <ol style="list-style-type: none"> <li>1. 2008 Federal Tax Return</li> <li>2. W-2 Wage statements for parent(s)/student</li> <li>3. Last pay stub showing year-to-date earnings</li> <li>4. Termination notice from employer</li> <li>5. Benefit notice from employment office</li> </ol>
<b>Loss of Taxable/Untaxed Income</b> <input type="checkbox"/> <b>Child Support</b> <input type="checkbox"/> <b>Social Security</b> <input type="checkbox"/> <b>Worker's Compensation</b> <input type="checkbox"/> <b>Alimony</b>	Your parent(s) or you received benefits in 2008 which have ceased or been reduced in 2009.	You (and/or your spouse) received benefits in 2008 which have ceased or been reduced in 2009.	Complete signed copies of: <ol style="list-style-type: none"> <li>1. 2008 Federal Tax Return</li> <li>2. W-2 Wage statements for parent(s)/student</li> <li>3. Documentation from agency stating total amount received in 2008 &amp; termination date</li> <li>4. Documentation of 2009 updated amount</li> </ol>
<input type="checkbox"/> <b>Separation or Divorce</b>	Your parents have separated or divorced AFTER filing the FAFSA.	You and your spouse have separated or divorced AFTER filing the FAFSA.	Complete signed copies of: <ol style="list-style-type: none"> <li>1. 2008 Federal Tax Return</li> <li>2. W-2 Wage statements for parent(s)/student</li> <li>3. Divorce decree or separation agreement or proof of separate addresses</li> </ol>
<input type="checkbox"/> <b>Death of a Parent or Spouse</b>	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Complete signed copies of: <ol style="list-style-type: none"> <li>1. 2008 Federal Tax Return</li> <li>2. W-2 Wage statements for parent(s)/student</li> <li>3. Death certificate</li> </ol>
<input type="checkbox"/> <b>Medical/Dental Expense*</b>  <b>Use this circumstance if you have excessive medical expenses not covered by insurance:</b>	Your parent(s) or your medical expenses in 2008 exceeded 11% of your AGI.	Your (and your spouse's) medical expenses in 2008 exceeded 11% of your AGI.	Complete signed copies of: <ol style="list-style-type: none"> <li>1. 2008 Federal Tax Return</li> <li>2. W-2 Wage statements for parent(s)/student</li> <li>3. Payment of medical bills</li> <li>4. Letter from insurance company showing medical expenses not covered</li> </ol>

\*EXPENSES PAID IN CALENDAR YEAR 2008

**SECTION C: PROJECTED INCOME AND BENEFITS FROM JANUARY 1, 2009 TO DECEMBER 31, 2009**

SOURCE OF INCOME:	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER	STUDENT	STUDENT'S SPOUSE
Wages, Tips, Salary	\$	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$	\$
Business/Farm Income	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Pensions and/or Annuities	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Social Security/SSI Benefits	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Welfare Benefits	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>TOTAL OF ALL INCOME:</b>	\$	\$	\$	\$

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR MEDICAL/DENTAL EXPENSES PAID IN 2008.

Medical/Dental Expenses in 2008	\$	\$	\$	\$
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**SECTION D: STATEMENT OF CERTIFICATION**

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to confirm the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change of the financial aid already offered. (All persons providing information must sign below.)

\_\_\_\_\_  
Student's signature Date

\_\_\_\_\_  
Student's Spouse's signature (if applicable) Date

\_\_\_\_\_  
Parent's signature (if student is dependent) Date

**HAVE YOU PROVIDED ALL OF THE FOLLOWING?**

- Written Detailed Statement of circumstance
- Tax returns, schedules, + W-2 Wage Statements
- All Required Documentation as indicated
- Appropriate Signatures on ALL forms
- Student's Name and DOB on ALL forms

OFFICE USE ONLY	
<input type="checkbox"/> Approved PELL Special Condition	Adjusted Gross Income \$ _____
<input type="checkbox"/> Denied PELL Special Condition	Estimated 2009 Tax \$ _____
<input type="checkbox"/> Student Not Eligible for Special Condition	
Reviewed and Approved by _____ Date _____	