



Special Circumstance Review 2022-2023

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, 2020, 2021 or 2022. The Financial Aid Office may be able to re-evaluate your eligibility for financial aid for the 2022-2023 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 could 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 your specific situation.

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.

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 AND*
2. *Letter from prior employer indicating last day worked OR*
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 AND*
2. *Letter from a doctor confirming the disability and prognosis for returning to work OR*
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:

1. *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 AND*
2. *Official documentation stating the original benefit amount for 2020*

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

Required documentation:

1. *Copy of your 2020 federal tax Transcript and source/reason of pension withdrawal.*
2. *Any supporting documentation you have received; i.e., 1099 form*

<u>Source</u> <u>Parent Information</u>	Actual 1-1-21 to Today Today's date -----	ESTIMATED Today to 5-1-2022	TOTAL (Actual + Estimated Columns)
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 2021 and/or 2022***

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 2020 tax Schedule A

_____ ***Private School tuition (Elementary, Junior High, High school) for a dependent child during the 2020 calendar year***

Required documentation:

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

EXPENSES FOR 2022 and 2023

Increased Expenses	Amount paid in 2022	Amount paid in 2023
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

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.