



# Special Circumstances Application – Student 2009-2010

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

This supplemental form is used to request a review of special circumstances **not** represented on your FAFSA application. Review will begin when the completed form and supporting documentation is received. Failure to provide documentation will result in delays and possible denial of your request for review.

Check the circumstance below that best describes the change in your or your spouse's financial situation. Documentation must be attached to verify request.

**Loss of Work Income:** *\*Provide employer/agency letter stating effective dates of event and loss of benefits.*

1. \_\_\_\_\_ \*Layoff, Plant Closing, or Termination
2. \_\_\_\_\_ Disability      Date of disability \_\_\_\_\_  
    Attach documents showing nature of disability
3. \_\_\_\_\_ \*Quit job or Reduced Hours
4. \_\_\_\_\_ Other      Provide appropriate verification documents

**Loss of Taxable Income:** *\*Provide employer/agency letter stating effective dates.*

1. \_\_\_\_\_ \*Unemployment
2. \_\_\_\_\_ Other      Provide appropriate verification documents

**Loss of Untaxed Income:** *\*Provide employer/agency letter stating effective dates.*

1. \_\_\_\_\_ \*Worker's Compensation, Child Support, etc.
  2. \_\_\_\_\_ Other      Provide appropriate verification documents
- \_\_\_\_\_ Separation/Divorce (Need divorce decree or notarized statement  
    Showing date of separation)
- \_\_\_\_\_ Death of Spouse (Copy of Death Certificate)

**Other Unusual Circumstances:** *Provide appropriate verification documents*

1. \_\_\_\_\_ Dislocated Worker
2. \_\_\_\_\_ Tuition paid for Elementary, Middle, or High School in 2008 for Dependents
3. \_\_\_\_\_ Excessive Medical/Dental Expenses (not covered by insurance)
4. \_\_\_\_\_ Other

Provide Your Expected Income for 2009.

|  |                 |
|--|-----------------|
| Student's Income   | _____           |
| Spouse's Income  | _____           |
| Unemployment Benefits  | _____           |
| Any Taxable Income<br>(interest, dividends, rents, ...)      | _____           |
| <b>Student's Estimated Total Income</b>                      | <b>\$ _____</b> |
| <b>Student's Estimated Untaxed Income:</b>                   |                 |
| Child Support  | _____           |
| Workman's Compensation                                       | _____           |
| Untaxed Pensions, etc.                                       | _____           |
| <b>Student's Estimated Total<br/>Untaxed Income/Benefits</b> | <b>\$ _____</b> |

**CERTIFICATION:**

All of the information on this form is true and correct to the best of my/our knowledge. If asked by an authorized official, I/we agree to provide additional proof of the information that given. I/We understand that this proof may include a copy of my/our IRS 1040 income tax return and further understand that if I/we do not give proof when asked, processing of the application will cease.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

