



2010-2011 REQUEST FOR SPECIAL CIRCUMSTANCE REVIEW

Student Name: _____ ID# _____

- * This form is to be used IF **YOUR 2010 HOUSEHOLD INCOME IS OR WILL BE SUBSTANTIALLY LESS THAN 2009** income reported on your 2010-2011 FAFSA.
- * You **ARE REQUIRED TO EXPLAIN THE REASON WHY** your 2010 income is or will be substantially less than your 2009 income **AND PROVIDE DOCUMENTATION TO SUPPORT YOUR EXPLANATION.**
- * You must use this form **TO REPORT YOUR INCOME** for the 2010-2011 year **AND PROVIDE DOCUMENTATION TO SUPPORT YOUR INCOME ENTRIES.** (For example: unemployment, social security, disability, etc., indicating the amount you are receiving and the duration of time you will be receiving funds in 2009.)
- * You **ARE ALSO REQUIRED TO SUBMIT** a copy of your 2009 federal income tax return for household members

Please check the appropriate box:

- I am an independent student and my income and/or my spouse's income is or will be **substantially less** in 2010 than in 2009.
- I am a dependent student and my parent(s) income is or will be **substantially less** in 2010 than in 2009.

GUIDELINES FOR SPECIAL CIRCUMSTANCES

<u>CATEGORY</u>	<u>CONDITION</u>	<u>DOCUMENTATION</u>
UNEMPLOYMENT OR CHANGE IN EMPLOYMENT	You, your spouse or a parent who earned money in 2009 has lost his/her job in 2010.	Pay stubs showing YTD earnings, letter of unemployment showing approval/denial of benefits. Unemployment pay stubs.
	You, your spouse or a parent who worked Full time in 2009 is not working full time now.	Pay stubs showing hours worked, Pay rate, YTD earnings from all Jobs held in 2010
SEPERATION/DIVORCE	You or your parents separated or divorced in 2010.	Letter of explanation giving dates and dates and details as to disposition of assets, etc.
DEATH	Your spouse or parent who worked in 2009 has died.	Death certificate, proof of income generated by the deceased.
DISABILITY	You, your spouse or a parent has been unable to earn money in the usual way due to disability.	Proof of disability, proof of YTD earning, pay stubs of disability checks.
ONE-TIME INCOME	You, your spouse or a parent received income in 2009, which cannot reasonably be expected to receive in 2010.	Proof of the nonrecurring nature of the income such as gain from sale of home.
LOSS OF TAXABLE or UNTAXED BENEFITS	You, your spouse or a parent who received unemployment benefits or some untaxed income or benefit in 2009 has lost that income in 2010.	Letter/notice from agency indicating benefits have been terminated.
UN-REIMBURSED MEDICAL EXPENSES	You or your parents paid medical/dental bills in 2009, not covered by insurance.	Cancelled checks or receipts showing payments made. Schedule A

We cannot review your request until all requested documents listed above in your category is received. A review will be done after your initial award notification for 2010/2011.

UNEMPLOYED

1. Name of Unemployed Person _____
 2. Date of Unemployment _____
 3. Date Unemployment Benefits Began _____
 4. Weekly Amount of Unemployment Benefits \$ _____
 5. Amount Earned in 2010 prior to Unemployment \$ _____
- How many weeks of Unemployment _____
6. Has the person returned to Work? Yes No
If Yes, Enter Date _____
And Enter Gross Weekly Salary \$ _____
 7. Is the Person receiving Severance Pay? Yes No
If Yes, Enter Gross Weekly Amount \$ _____
Date Severance Began _____
Date Severance Pay will Terminate _____

RETIRED

1. Name of Retired Person _____
2. Date of Retirement _____
3. Date of Pension Began _____
4. Monthly Amount of Pension \$ _____
This Pension is Taxable Untaxed
5. Date Social Security Benefits Began _____
6. Monthly Amount of Family's Social Security Benefits \$ _____
7. Amount Earned in 2010 Prior to Retirement _____

DIVORCED/SEPARATED

The Applicant or the Parents have divorced or separated after filing the Application.

1. Date of Divorce _____ or Separation _____
2. Date Payments Began _____
3. Weekly amount of Child Support received for All Children \$ _____
4. Weekly Amount of Alimony \$ _____

DISABLED

1. Name of Disabled Person _____
2. Date of Disability _____
3. Date Worker's Compensation or Other Disability Payment Began _____
4. Weekly Amount of Worker's Compensation or Other Disability Payments \$ _____
5. These Payments are: Taxable Untaxable
6. Amount Earned in 2009 prior to Disability \$ _____
7. Is the Disability Permanent Yes No
*If Yes, Indicate the monthly amount of your Family's Social Security Benefits (All Members) \$ _____
Date Social Security Benefits Began _____
*If No, Give anticipated Date of Return to Work _____ and Gross Weekly Salary \$ _____

DIED

1. Name of Deceased Person _____
2. Date of Death _____
3. Date Social Security Benefits Began _____
4. Monthly Amount of Family's Social Security Benefits \$ _____
5. Life Insurance proceeds received or to be received \$ _____

LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS

The Applicant, The Applicant's Spouse, or Parent received untaxed income or unemployment benefits in 2010, but lost his income in 2010 or 2011.

1. Name of Person who lost Benefits _____
2. Type of Benefits Lost _____
3. Effective Date _____
4. Total Amount to be received in 2010 \$ _____