



Special Circumstance Request 2021-22

Student Name: _____ Social Security Number: _____ Student ID: _____
(last four digits only)

In some cases, students and parents find the information they provided on the Free Application for Federal Student Aid (FAFSA) no longer reflects their current financial situation. When circumstances change, students may request a change to income data items on their FAFSA at their Campus Financial Aid Office. Example reasons for filing a Special Circumstance Request:

- The student’s parent or spouse has passed away
- The family has incurred extraordinary medical/dental expenses (paid and not covered by insurance)
- The student’s parent is attending college at least half-time in a degree-seeking program
- The student’s parent or student has retired
- The student or the student’s parents have separated or divorced
- The student’s or parent(s)’ income has been significantly reduced in 2020
- The student or parent(s) no longer receives untaxed benefits such as child support, or other sources of income.

To request changes to your FAFSA please complete this form and provide all required documentation. **Please note: incomplete forms that do not include the required documentation will not be considered.**

Please explain in detail the unusual or special circumstance that you were unable to address when completing the Free Application for Federal Student Aid (FAFSA) for the 2021-22 year. Please be as descriptive as possible. *You may attach additional pages if necessary.*

Reduction in Income

Person reporting a reduction in income: _____ Self Supporting Student _____ Parent(s) of a Dependent Student

If parent, please list parent’s name: _____

Have you previously requested a review of your special circumstance? _____ Yes _____ No

Have you or your spouse experienced a minimum of three months loss of income due to involuntary circumstances? _____ Yes _____ No

Cause of Reduction in Income

Please indicate below the cause of the reduction in your income and the effective date:

_____ Involuntary separation from employment	Last day of employment	_____
_____ Involuntary loss of income	Last date income was received	_____
_____ Death of spouse or parent	Date of death	_____
_____ Divorce or separation	Date of divorce	_____
_____ Disability of student, spouse, or parent	Date of disability	_____
_____ Decision to leave work and return to school	Last day of employment	_____
_____ Other, Please describe:	Effective date	_____

Special Circumstance Request Options:

1) Income for Calendar Year 2020 (Families who have experienced a reduction in income or benefits that is reflected on their 2020 IRS Tax Return Transcript.)

2) Anticipated Income for Calendar Year 2021 (Families who have experienced a reduction in income that will be reflected in the 2021 calendar year.)

Complete **only** one of the sections below by selecting the one that best fits your family situation and provide the appropriate documentation:

1) Income for Calendar Year 2020 (If you complete form number 1 below, **do not** complete form number 2 on the following page).

Please provide your annual income received in the year of 2020. Report the following information for yourself and your spouse, if applicable, or your parent(s). If the loss of income is due to the death of a spouse or parent, give only the information for you or the surviving parent.

Annual Income for 2020	Student	Spouse	Parent 1 (As Reported on the FAFSA)	Parent 2 (As Reported on the FAFSA)
Wages, tips, salaries Include severance pay, disability payments, taxable combat pay, and any income earned from work.	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Other taxable income Source: _____	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Other untaxed income Source: _____	\$	\$	\$	\$
Total Annual Income	\$	\$	\$	\$

Required Supporting Documents if Applicable:

- Copy of 2020 Federal Tax Return Transcript student/spouse and/or parent(s) Yes No
- Copies of all 2020 W2s for student/spouse and/or parent(s) Yes No
- Letter from previous employer (on company letterhead) indicating start and end
dates of employment DD214 if recently separated from the military Yes No
- Copy of current pay stub from the individual whose income has been significantly reduced Yes No
- Statement of Unemployment Benefits, if received Yes No
- If reporting separation or divorce, appropriate court documents indicating date
of separation or divorce Yes No
- If reporting death of a spouse or parent, copy of death certificate Yes No
- Documentation supporting parents enrollment at least half-time in a program leading to a degree Yes No

Note: If you have not previously submitted the following verification forms, please do so **before** submitting this Special Circumstances Request:

- 2019 Federal Tax Transcript for student /spouse and/or parent(s)
- If you did not file, the Independent Verification of Non-filing for Tax year 2019 **OR** the Dependent Verification of Non-filing for 2019 AND an IRS statement of Non-filing for one or both parents.
- 2021-22 Dependent **OR** Independent Household Verification Form completed with appropriate signatures and documentation.

2) Anticipated Income for Calendar Year 2021 (If you complete form number 2 below, do not complete form number 1 on the previous page).

Please estimate your expected annual income in the year of 2021 only if there is a change in your income that will continue through the 2021 year. Report the following information for yourself and your spouse, if applicable, or your parent(s). If the loss of income is due to the death of a spouse or parent, give only the information for you or the surviving parent.

Expected Annual Income January 1, 2021 through December 31, 2021	Student	Spouse	Parent 1 (As reported on the FAFSA)	Parent 2 (As reported on the FAFSA)
Wages, tips, salaries Include severance pay, disability payments, taxable combat pay, and any income earned from work.	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Other taxable income Source: _____	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Other untaxed income Source: _____	\$	\$	\$	\$
Total Expected Annual Income	\$	\$	\$	\$

Required Supporting Documents if Applicable:

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| • Copy of 2020 Federal Tax Return Transcript student/spouse and/or parent(s) | Yes | No |
| • Copies of all 2020 W2s for student/spouse and/or parent(s) | Yes | No |
| • Letter from previous employer (on company letterhead) indicating start and end
dates of employment DD214 if recently separated from the military | Yes | No |
| • Copy of current pay stub from the individual whose income has been significantly reduced | Yes | No |
| • Statement of Unemployment Benefits, if received | Yes | No |
| • If reporting separation or divorce, appropriate court documents indicating date
of separation or divorce | Yes | No |
| • If reporting death of a spouse or parent, copy of death certificate | Yes | No |
| Documentation supporting parents enrollment at least half-time in a program leading to a degree | | |

Note: If you have not previously submitted the following verification forms, please do so **before** submitting this Special Circumstances Request:

- 2019 Federal Tax Transcript for student /spouse and/or parent(s).
- If you did not file, the Independent Verification of Non-filing for Tax year 2019 **OR** the Dependent Verification of Non-filing for 2019 **AND** an IRS statement of Non-filing for one or both parents.
- 2021-2022 Dependent OR Independent Household Verification Form completed with appropriate signatures and documentation.

My signature certifies that the information provided is true and correct and that I am providing an accurate description of my financial situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Reviewed by Coordinator	Initials _____	_____	Date
Scanned and sent to Central Financial Aid	Initials _____	_____	Date

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