



PETITION FOR SPECIAL CIRCUMSTANCE CONSIDERATION 2009-2010

_____	_____	_____
Last Name	First Name	CSU ID
_____	_____	_____
Street	City	State
_____	_____	_____
Telephone number	Student's email address	

YOU MUST FILE A 2009-2010 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) BEFORE SUBMITTING THIS FORM TO THE FINANCIAL AID OFFICE.

You have indicated that you and/or your family have experienced a significant change in your financial situation. It is important for you to know that not all changes in circumstances will result in an adjustment to the amount of your grant and/or loan eligibility.

WHAT YOU NEED TO DO:

Review the circumstances listed in Sections I through V of this application and identify which apply to your situation. All students complete Section VI. Gather all the documentation that pertains to your circumstance(s). Return all required supporting documents and this form to Campus 411, MC116 or mail to Cleveland State University, Financial Aid Office, 2121 Euclid Avenue, KB 1300, Cleveland, Ohio 44115.

ALL STUDENTS REQUESTING A REVIEW OF THEIR CIRCUMSTANCES MUST SUBMIT FEDERAL VERIFICATION DOCUMENTATION.

Please submit; this signed petition, a signed copy of your and if applicable your parent(s) 2008 federal tax return, a federal verification worksheet, a letter explaining your personal situation and the supporting documentation as noted on this petition

***Note- additional information or documentation may be requested by the financial aid office.**

If you submit this form after January 1, 2010, you must provide us with a signed copy of your 2009 Federal Tax Return.

Consumer debt cannot be considered when determining a family's ability to contribute to a student's Education.

Section I: LOSS OF INCOME

Loss of job (must be unemployed for at least 6 weeks in 2009):

- A letter from previous employer indicating separation date, any benefits or severance and year to date earnings
- Copy of your unemployment benefits determination letter if loss of employment was Involuntary.

Reduction in wages:

- Copy of last pay stub or a letter from previous employer indicating year to date earning and date of change.

Disability of student, spouse, or parent:

- Documentation of monthly income benefits received or anticipated.

Loss of Social Security benefits:

- Copy of Social Security benefits termination letter or
- Copy of most recent benefits letter stating monthly amount or benefits received prior to termination
- Copy of SSA-1099 benefits for 2008

Section II: ADDITIONAL EXPENSES

Medical/Dental expenses not covered by insurance

A copy of IRS schedule A- itemized deductions. If you did not file a Schedule A, submit an itemized list of medical expenses (including unreimbursed insurance premiums) paid and copies of receipts or cancelled checks for each medical expense listed.

Adjustments can only be made if expenses exceed 7.5% of your or your parent(s) adjusted gross income.

Loss of Child Support

- Copy of letter from child support enforcement agency stating date of termination or a copy of the complete divorce decree.
- Documentation from child support enforcement agency stating new monthly amount of child support receiving for other minor children (if applicable)

Private/Parochial Elementary or Secondary Tuition Paid

Families or individuals or an independent student must submit a copy of the actual tuition statement (on school letterhead) for 2009-2010 including any aid the student will receive at the private/parochial school.

SECTION III: LOSS OF FAMILY MEMBER

Death of spouse or parent:

- Copy of an official death certificate

If death occurred in 2008; do not complete this form. Contact Campus 411 for instructions on filing your 2009-2010 FAFSA.

SECTION IV: DIVORCE/LEGAL SEPARATION

Divorce/Separation of student or parent:

- Complete copy of divorce/separation court documents signed by a judge designating alimony, child support, and child custody

If divorce or legal separation occurred in 2008; do not complete this form. Contact Campus 411 for instructions on filing your 2009-2010 FAFSA.

SECTION V: OTHER SPECIAL CIRCUMSTANCES FOR REVIEW

Please attach a letter explaining your situation and attach supporting documentation.

Comments: _____

CERTIFICATION:

I/We affirm that the data contained on this form and submitted with this form is true and complete to the best of my/our knowledge. Upon request, I/we will provide additional documentation to substantiate the information provided. If this petition for Special Circumstance involves a reduction of my/our earned income, I/we understand I/we may be required to provide documentation from the Internal Revenue Service of actual income for the affected tax year. I/We understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or demand for repayment of financial aid and may subject the filer to a fine, imprisonment, or both, under provisions of the United States Criminal Code.

Student's Signature

Date

Parent(s)' Signature
(If circumstances refer to parental situation)

Date

SECTION VI: ESTIMATED 2009 INCOME

Complete this section with income you/ your family expects to receive from January 1, 2009 until December 31, 2009. If none enter zero. Please do not give monthly amounts.

TYPE OF INCOME	AMOUNT OF ESTIMATED INCOME (12 MONTHS)	
Gross wages, salaries, severance pay, tips	Father _____ Mother _____	Student _____ Spouse _____
Unemployment benefits	_____	_____
Social Security benefits for all family members	_____	_____
Retirement benefits/pensions	_____	_____
Business, farm, rental income	_____	_____
Invest/dividend income	_____	_____
Worker's Compensation	_____	_____
Child support received for all family members	_____	_____
Alimony	_____	_____
Other	_____	_____

APPROVED _____ DENIED _____

New EFC: _____ New AGI: _____ New taxes paid: _____

New student income: _____ New spouse income: _____

New parent's income: _____ (father) mother: _____

New additional information: _____ New untaxed income: _____

Trans #: _____ FAO staff: _____ Date: _____