

## 2015-2016 Special Circumstance Petition

_____	_____	_____
Last Name	First Name	CSU ID #
_____	(____)_____	(____)_____
Email Address	Phone Number (Home)	Phone Number (Cell)

**\*\*\*It is strongly recommended that you meet with a Student Services Specialist in Campus 411 All-In-1 to review your circumstances and supporting documentation.\*\*\***

This petition should only be completed by an independent student/spouse or parent(s) of a dependent student.

**Instructions:**

- Attach a detailed explanation of your situation with documentation.
- Complete the appropriate 2015-2016 Verification Worksheet ([www.csuohio.edu/financial-aid/financial-aid-forms](http://www.csuohio.edu/financial-aid/financial-aid-forms)).
- Submit a 2014 Federal Tax Return Transcript for Student and Spouse (if married) or Student and Parent(s) (if dependent), this must be submitted even if the IRS Data Retrieval tool was used.
- Submit copies of all 2014 W-2s issued to Student, Spouse (if married), and Parent(s) (if dependent).
- Submit all required documentation for your circumstance.

**Additional information or documentation may be requested by the Financial Aid Office.**

*If this petition is filed after December 31, 2015 you **MUST** submit your 2015 Federal Tax Return Transcript and W-2s.*

One-time Income Payment: You or your parent/spouse received a one-time income payment in 2014 (May include pension or IRA distribution, inheritance or bonus).

**Required documentation:**

- 1) Documentation of one-time payment
  - 2) Explanation of why one-time payment is not available for educational purposes
- Consumer debt cannot be considered when determining a family's ability to contribute to a student's education**

Loss of Untaxed/Taxable income: Child Support, Alimony, Workers Compensation or list other.

List Benefit OR Untaxable/Taxable source:

Date of Benefit or Income Loss: \_\_\_\_\_ Amount received for 2014 \$ \_\_\_\_\_

**Required Documentation:**

**Termination letter from provider/agency**

Separation/Divorce:

**Required Documentation:**

- 1) Separation or divorce papers
- 2) All 2014 W-2s for both parties

Death (parent or spouse)

Name of Deceased \_\_\_\_\_

Relationship to student \_\_\_\_\_

**Required Documentation:**

- 1) Copy of the death certificate

Student's Name

CSU ID Number

Private School Tuition  
Elementary/Secondary private school tuition: \$ \_\_\_\_\_ per year  
Name of child/children: \_\_\_\_\_

**Required Documentation:**

**A statement on school letterhead, indicating the amount paid/to be paid and for whom for 2015.**

Medical /Dental Expenses: *You or your parents/spouse out of pocket expenses in 2014 exceeded 10% of the adjusted gross income.*

**Required Documentation:**

- 1) Copy of Schedule A from 2014 Federal Tax Return and/ or,
- 2) Statement of medical expenses from medical provider, not covered by insurance company

Loss of Employment *Must be out of work at least 10 weeks before appeal will be considered*  
(check one) \_\_Mother \_\_Father\_\_ Student \_\_ Spouse (For independent student/spouse or parent of dependent student).  
Date of Loss: \_\_\_\_\_

**Required Documentation:**

- 1) A letter on letterhead from previous employer indicating last day worked
- 2) Last paystub showing year to date earnings or letter from employer indicating year to date earnings
- 3) Unemployment Benefits Determination Statement

Other: Attach a brief statement and supporting documentation.

**Certification:**

I affirm that the data contained on this form and submitted with this form is true and complete to the best of my knowledge. Upon request, I will provide additional documentation to substantiate the information provided. If this Special Circumstance Petition involves a reduction of my earned income, I understand I may be required to provide documentation from the Internal Revenue Service of the actual income for the impacted tax year.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (If Dependent Student)

\_\_\_\_\_  
Date

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**For Office Use Only**

Old EFC: \_\_\_\_\_

New father income: \_\_\_\_\_

New EFC: \_\_\_\_\_

New mother income: \_\_\_\_\_

New AGI: \_\_\_\_\_

New additional Information: \_\_\_\_\_

New Taxes Paid: \_\_\_\_\_

New untaxed income: \_\_\_\_\_

New student income: \_\_\_\_\_

Current ISIR Trans #: \_\_\_\_\_

New spouse income: \_\_\_\_\_

New ISIR Trans #: \_\_\_\_\_

**APPROVED**

**DENIED**

If denied explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAO Staff: \_\_\_\_\_

Date: \_\_\_\_\_