

2016-2017 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.

The following documents are required to be submitted to our office before your petition will be reviewed. Do not submit your petition until you have all required documents.

Checklist:

- Detailed explanation of your situation with documentation.
- The appropriate 2016-2017 Verification Worksheet (www.csuohio.edu/financial-aid/financial-aid-forms).
- 2015 IRS Tax Return Transcript(s) 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.**
- All 2015 W-2s issued to Student, Spouse (if married), and Parent(s) (if dependent).
- All additional required documentation listed for your circumstance.

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

*If this petition is filed after December 31, 2016 you **MUST** submit your 2016 Federal Tax Return Transcript and W-2s.*

- One-time Income Payment: You or your parent/spouse received a one-time income payment in 2015
(May include pension or IRA distribution, inheritance, or bonus).

Additional 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 Un taxable/Taxable source: _____

Date of Benefit or Income Loss: _____ Amount received for 2015 \$ _____

Additional required documentation:

Termination letter from provider/agency

- Separation/Divorce:

Additional required documentation:

- 1) Separation or divorce papers
- 2) All 2015 W-2s for both parties

- Death (parent or spouse)

Name of Deceased: _____

Relationship to student: _____

Additional required documentation:

Copy of the death certificate

Private School Tuition

Elementary/Secondary private school tuition: \$ _____ per year

Name of child/children: _____

Additional required documentation:

A statement on school letterhead, indicating the amount paid/to be paid and for whom for 2016.

Medical /Dental Expenses: *Out of pocket expenses in 2015 exceeded 10% of the adjusted gross income.*

Additional required documentation:

1) Copy of Schedule A from 2015 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: _____

Additional 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

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: _____