

2017-2018 Special Circumstance Petition – Loss of Child Support

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

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:

- This completed and signed form.**
- The appropriate 2017-2018 Verification Worksheet (www.csuohio.edu/financial-aid/financial-aid-forms).**
- 2015 IRS Tax Return Transcript(s) or a signed copies of Federal Tax Return (1040, 1040A, 1040EZ) 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).**
- Record of Child Support received from 1/1/2015 to present. This must be from the agency administering the collection and disbursement of the child support or a signed statement from the person paying child support to you.**
- Termination letter from agency indicating the date child support stopped.**

Amount of Child Support Received in 2015: _____ Date of Benefit or Income Loss: _____

Name(s) of child/children for whom child support was received in 2015: _____

Name(s) of child/children for whom child support is no longer being received: _____

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

Certification and Signatures

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 EFC: _____ Current ISIR #: _____ New ISIR #: _____

New Untaxed Income (child support received): _____

- APPROVED** **DENIED** **WAIVED** **NOT NEEDED**

FAO Staff: _____

Date: _____