

2017-2018 Special Circumstance Petition

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

PLEASE READ BELOW BEFORE SUBMITTING

According to federal laws and regulations, a family's 2015 income is used to assess financial need for the 2017-18 school year. If a family's 2016 income or projected 2017 income is significantly lower due to special circumstances, a financial aid administrator may be able to use the 2016 income or projected 2017 income to assess financial need. This request automatically requires Federal Verification of the information reported on the FAFSA. In order to assess your situation and satisfy verification requirements, **you must complete all the required sections of this form and submit with ALL REQUIRED DOCUMENTATION.**

- Complete all required sections of this form in their entirety and submit with ALL NECESSARY DOCUMENTATION.
- Provide a detailed explanation of Special Circumstance situation – include specific dates when available
- Complete and submit a 2017-2018 Verification Worksheet (www.csuohio.edu/financial-aid/financial-aid-forms).
- Submit 2015 and 2016 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.**
- Submit all 2015 and 2016 W-2s issued to Student, Spouse (if married), and Parent(s) (if dependent).
- Provide all additional required documentation listed for your circumstance.

Please check which Special Circumstance(s) apply to you. Any documentation listed as required but not submitted will cause a delay in reviewing your request. The Financial Aid Office reserved the right to request additional documentation not listed on this form. If you cannot check one of the boxes on this form, do not continue completing this form and contact Campus 411, All-In-1 for assistance.

- Loss of Employment: Your parent's (if dependent) or your or your spouse's (if independent) 2016 income or projected 2017 income will be less than the 2015 income reported on the FAFSA. **Must be out of work at least 10 weeks for appeal to be considered.**

Mother Father Student Spouse Date of Loss: _____

Additional required documentation:

- 1) Last paystub with year-to-date 2017 earnings or letter from employer indicating year to date 2017 earnings
- 2) Unemployment Benefits Determination Statement and payment summary
- 3) A letter on letterhead from previous employer listing last day worked or other documentation of separation of service

- Loss of Taxable/Untaxed Income: You or your parent(s) (if dependent)/spouse (if independent) received benefits in 2015 which ceased or have been reduced for 2016.

Alimony Workers Compensation Unemployment Other _____

Date of Benefit or Income Loss: _____

Amount Received in: 2015: _____ 2016: _____ anticipated in 2017: _____

Additional required documentation:

- 1) Documentation verifying the effective date of loss
- 2) Record from agency or payer of amount received from 1/1/2015 to present

- Separation or Divorce: Your parents (if dependent) or you and your spouse (if independent) have separated or divorced after completion of the FAFSA.

Date of Separation or Divorce: _____

Additional required documentation:

- 1) Legal separation, divorce papers, letter from attorney
- 2) Documentation of any child support/alimony to be received in the year of 2017

Student's Name _____

CSU ID Number _____

Death: A parent (if dependent) or spouse (if independent) has died after the completion of the FAFSA.

Name of Deceased: _____

Relationship to student: _____ Date of Death: _____

Additional required documentation:

1) Copy of the death certificate

One-time Income Payment: You or your parent(s) (if dependent)/spouse (if independent) received a one-time income in 2015. May include a pension, 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**

Medical /Dental Expenses: You or your parent(s) (if dependent)/spouse (if independent) had medical/ expenses in 2015 or 2016 that exceeded 10% of the Adjusted Gross Income for that year.

Additional required documentation:

1) Copy of Schedule A from 2015 or 2016 Federal Tax Return

Other: Attach a brief statement and supporting documentation. 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.

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 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

WAIVED

NOT NEEDED

Notes: _____

FAO Staff: _____

Date: _____