

2019-2020 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 2019-2020 Verification Worksheet (www.csuohio.edu/financial-aid/financial-aid-forms).
- ☐ 2017 signed copy of your 1040, 1040A, 1040EZ, or 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 2017 W-2s issued to Student, Spouse (if married), and Parent(s) (if dependent).
- ☐ Record of Child Support received from 1/1/2017 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 2017: _____ Date of Benefit or Income Loss: _____

Name(s) of child/children for whom child support was received in 2017: _____

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: _____