

Financial Aid Office

2121 Euclid Avenue, Cleveland, OH 44115 Phone 216-687-5411 Fax 216-687-9247 www.csuohio.edu/financial-aid

2021-2022 Special Circumstance Petition – Loss of Child Support

Last Name	Fir	rst Name	CSU ID#	
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Email Address	Ph	none Number (Home)	Phone Number (C	ell)
This petition should only be converification completed, and The following documents are	be awarded before consider e required to be submitt	ration. 2021-2022 petition ted to our office before	ons will be considered at	fter May 1 st , 2021.
submit your petition until yo Checklist:	ou have all required doc	euments.		
□ 2019 signed copy Transcript(s) for submitted even i □ All 2019 W-2s iss □ Record of Child administering th person paying ch	and signed form. 2021-2022 Verification of your 1040 (Include Section and Spouse (if a the IRS Data Retrieval sued to Student, Spouse Support received from a collection and disburs all support to you. er from agency indication	Schedules 1, 2, 3, C, and married) or Student and I Tool was used. (if married), and Pare 1/1/2019 to present. The ment of the child suppose the suppo	nd K-1 if applicable), and Parent(s) (if dependent). his must be from the oport or a signed state	or IRS Tax Return endent), this <u>must be</u> agency
Amount of Child Support Receiv	g •			
Name(s) of child/children for wh	om child support was receiv	ved in 2019:		
Name(s) of child/children for wh	om child support is no longe	er being received:		
Additional i	information or documenta	ition may be requested b	y the Financial Aid Off	ïce.
Certification and Signature I affirm that the data contained or request, I will provide additional involves a reduction of my earner Service of the actual income for a *Note: This form must be signed with	n this form and submitted w documentation to substantia d income, I understand I ma the impacted tax year.	ate the information provid by be required to provide of	led. If this Special Circuidocumentation from the l	mstance Petition Internal Revenue
*Student's Signature		<u></u>	Date	
*Parent's Signature (If D	Dependent Student)		Date	
	For	Office Use Only		
Old EFC:	New EFC:	Current ISIR #:	New ISIR	#:
New U	Intaxed Income (child supp	ort received):		
☐ APPROVED		□ WAIVEI		NEEDED
FAO Staff:		Date:		