

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

Last Name	First Name	CSU ID #
	()	
Email Address	Phone Number (Home)	Phone Number (Cell)
This petition should only be completed by a	cumstances and supporting document independent student/spouse or parent(s	entation.***
ne following documents must be subn our petition until you have all require	nitted with this form before your p	•
☐ The appropriate 2021-2022 ☐ 2019 signed copy of your 10 Transcript(s) for Student as submitted even if the IRS D ☐ All 2019 W-2s issued to Student	940 (Include Schedules 1, 2, 3, C, and Spouse (if married) or Student a pata Retrieval Tool was used. dent, Spouse (if married), and Pare	ohio.edu/financial-aid/financial-aid-formed K-1 if applicable), or IRS Tax Returned Parent(s) (if dependent), this musternt(s) (if dependent).
Additional information	umentation listed for your circums or documentation may be requested b r December 31, 2021 you MUST submit your 2021	y the Financial Aid Office.
 □ One-time Income Payment: You or your (May include pension or IRA distributional required documentation: 1) Documentation of one-time payment 2) Explanation of why one-time payment *Consumer debt cannot be consider 	on, inheritance, or bonus). t is not available for educational purp	
☐ Loss of Untaxed/Taxable income: Alime	ony, Workers Compensation, Unemploy	ment, or other.
List Benefit OR Untaxable/Taxable source	:	
Date of Benefit or Income Loss:Additional required documentation: Record of amount received from 1/1/20 Termination letter from provider/agence		red for 2019 \$
☐ Separation/Divorce: Additional required documentation: 1) Separation or divorce papers 2) All 2019 W-2s for both parties		
☐ Death (parent or spouse) Name of Deceased:		
Relationship to student:Additional required documentation: 1) Copy of the death certificate 2) All 2019 W-2s for both parties on a J	oint 2019 signed copy of 1040, or Fede	ral Tax Return Transcript

Student's Name	2021-2022	CSU ID Number	
 ☐ Medical /Dental Expenses: Out of pocket expenses in 2019 Additional required documentation: 1) Copy of Schedule A from 2019 Federal Tax Return 	9 exceeded 10% of the adjus	ted gross income.	
□ Loss of Employment <i>Must be out of work at least 10 weeks b</i> (check one)Parent-1Parent-2Student Spous Date of Loss: Additional required documentation: If loss occurred during 2020 1) All 2020 W-2(s) issued 2) 2020 signed copy of your 1040 (Include Schedules 1,	se (For independent student/s	spouse or parent of dependent student).	
If loss occurred during 2021: If this petition is filed after Decemb 1) A letter on letterhead from previous employer indica 2) Last paystub showing year to date earnings or letter 3) Unemployment Benefits Determination Statement ar	er 31, 2021 you MUST submit your ting last day worked from employer indicating y	· 2021 Federal Tax Return and W2s.	
☐ Other: Attach a brief statement and supporting documentati	on.		
request, I will provide additional documentation to substantiate nvolves a reduction of my earned income, I understand I may be Service of the actual income for the impacted tax year. *Note: This form must be signed with a physical signature. Typed nar *Student's Signature	be required to provide docum	nentation from the Internal Revenue	
*Parent's Signature (If Dependent Student)	Date		
For Of	fice Use Only		
Old EFC:	New Parent-1 incon	New Parent-1 income:	
New EFC:	New Parent-2 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 Notes:	□ WAIVED	□ NOT NEEDED	
FAO Staff:			