



**2021 – 2022 Special Circumstance Form**

**Student Name:** \_\_\_\_\_ **ESU ID #** \_\_\_\_\_

**Student ESU E-mail:** \_\_\_\_\_

The Financial Aid Office recognizes that situations occur which may affect a student’s eligibility for federal need-based aid. Through the use of professional judgment, we may make adjustments on a case-by-case basis to a student’s FAFSA, provided that adequate supporting documentation substantiates the request. Please allow 4-6 weeks for processing.

**All special circumstance forms must be submitted with ALL required documentation and a signed statement explaining the situation.**

Special Circumstance	Definition	Required Documentation
<input type="checkbox"/> Unemployment or Change in Employment	2020 income was significantly less than 2019 income reported on the FAFSA, or Projected 2021 income will be significantly less than 2019 due to termination or change in employment.	<input type="checkbox"/> If the change occurred in 2020, submit a <u>signed</u> copy of the 2019 and 2020 federal income tax returns with applicable schedules and all W2(s). <input type="checkbox"/> If the change occurred in 2021, submit a letter from the employer, all 2021 pay stubs with year to date summaries, and a signed copy of the 2019 and 2020 federal income tax return with applicable schedules and all W2(s). <input type="checkbox"/> Submit unemployment benefit statement showing date benefit began and total amount of benefit eligible for. <input type="checkbox"/> A <u>signed</u> statement explaining the situation. <input type="checkbox"/> If a job loss just occurred, please wait 8 weeks before submitting form.
<input type="checkbox"/> Marital Status Change	Divorce or separation of parents or spouse occurred since FAFSA filing.	<input type="checkbox"/> Submit a divorce decree/separation agreement, or proof of separate residences. <input type="checkbox"/> Submit a signed copy of the 2019 and 2020 federal income tax return with applicable schedules and all W2(s). <input type="checkbox"/> A <u>signed</u> statement explaining the situation.
<input type="checkbox"/> Death of a parent/spouse	Death of a parent or spouse since FAFSA filing.	<input type="checkbox"/> Submit copy of death certificate. <input type="checkbox"/> Submit a signed copy of the 2019 and 2020 federal income tax return with applicable schedules and all W2(s). <input type="checkbox"/> Amount of death benefit received (if applicable). <input type="checkbox"/> A <u>signed</u> statement explaining the situation.
<input type="checkbox"/> Loss of Benefit	A benefit that you are no longer receiving.	<input type="checkbox"/> Submit letter from Social Security Administration, or Form 1099 for 2019 and 2020, or divorce decree that indicates when child support ends and a signed copy of the 2019 and 2020 federal income tax return with applicable schedule. <input type="checkbox"/> Submit all 2019 and 2020 W2(s). <input type="checkbox"/> A <u>signed</u> statement explaining the situation.
<input type="checkbox"/> One-time Income	One-time lump sum payment received in 2019.	<input type="checkbox"/> Submit 2019 and 2020 1099-R documenting source of income. <input type="checkbox"/> Submit a signed copy of the 2019 and 2020 federal income tax return with applicable schedules and all W2(s). <input type="checkbox"/> A <u>signed</u> statement explaining the situation.
<input type="checkbox"/> Medical/Dental Expense	Paid out-of-pocket medical or dental expense exceeding 11% of Adjusted Gross Income (AGI).	<input type="checkbox"/> Submit a signed copy of 2019 and 2020 Federal Tax Return. <input type="checkbox"/> Submit all W2(s) and schedules. <input type="checkbox"/> Submit 2019 and 2020 Schedule A. <input type="checkbox"/> A <u>signed</u> statement explaining the situation.
<input type="checkbox"/> Other	Other circumstances not mentioned above.	<input type="checkbox"/> Submit a signed copy of the 2019 and 2020 federal income tax return with schedules, all W2(s), and any relevant documentation. <input type="checkbox"/> A <u>signed</u> statement explaining the situation.

Household Size	
<b>Dependent Student:</b>	<b>Do not leave blank</b>
Number of family members that your parents will support in 2021-2022 (include yourself) =	=
Number in the family (excluding parents) who will be in college at least half-time 2021-2022 =	=
<b>Independent Student:</b>	
Number of family members you will support in 2021-2022 (include yourself)=	=
Number in the family who will be in college at least half-time 2021-2022 =	=

Estimated 2021 Financial Information				
Indicate '0' if none – do not leave blank	Student	Student's spouse, if married	Parent 1	Parent/step-parent 2
Taxable income earned from work (wages, salaries, tips)	\$	\$	\$	\$
Interest and Dividend Income	\$	\$	\$	\$
Alimony Received	\$	\$	\$	\$
Business or Farm Income (schedule c)	\$	\$	\$	\$
Capital Gains	\$	\$	\$	\$
Pensions, Annuities and/or IRS Distributions	\$	\$	\$	\$
New Income Received from Rental Property	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Any other taxable income	\$	\$	\$	\$

Estimated 2021 Untaxed Income				
Contributions to tax-deferred pension and savings plans (paid directly or withheld from earnings)	\$	\$	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	\$	\$	\$	\$
Child support received for the student and all other children	\$	\$	\$	\$
Tax exempt interest income	\$	\$	\$	\$
Untaxed portions of IRA distributions and pensions	\$	\$	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	\$	\$	\$	\$
Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	\$	\$	\$	\$
Other untaxed income, such as workers' compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings account	\$	\$	\$	\$

**Statement of Certification:**

I certify that the information included is true and accurate to the best of my knowledge and is not falsely represented. I understand that this request does not guarantee approval and/or may not result in a change to financial aid eligibility. I understand I may be asked to provide additional information.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature (for dependent students)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Incomplete applications will not be reviewed**

In order for your request to be reviewed please make sure you have submitted:

- This completed application, including the estimated 2021 financial information, signed by the student and parent (if dependent).
- A signed statement explaining the situation.
- All supporting documentation listed under the requested category.