

Mansfield University

2009-2010 Special Circumstance Request Form

Student Name: _____ **Social Security Number:** _____

This request is used to adjust the income reported on the 2009-2010 Free Application for Federal Student Aid (FAFSA) due to change of circumstances during the calendar or academic year. If you are a Pennsylvania resident, you should also notify PHEAA of your special condition by calling 1- 800-692-7392.

Step 1: All students MUST submit the following documentation, regardless of their reason for filing a Special Circumstance Request:

<u>DEPENDENT STUDENTS</u>	<u>INDEPENDENT STUDENTS</u>
<ul style="list-style-type: none"> ✓ Current check stubs or statements for all untaxed benefits ✓ Signed copy of your 2008 Federal Income Tax Return and all schedules. ✓ Signed copy of your parent's 2008 Federal Income Tax Return and all schedules. 	<ul style="list-style-type: none"> ✓ Current check stubs or statements for all untaxed benefits ✓ Signed copy of your 2008 Federal Income Tax Return and all schedules.

In addition to the current check stub(s), the following documentation is required:

<p><u>LOSS OF EMPLOYMENT</u> – Student/Spouse/Parent was working during 2008, but is now working fewer hours or is unemployed. The following documentation is required from the unemployed household member:</p> <ul style="list-style-type: none"> ✓ Last check stub(s) from previous employer ✓ Letter from previous employer stating the date of termination ✓ Benefit or denial letter
<p><u>LOSS OF BENEFITS</u> - Student/Spouse/Parent has lost some or all benefits. The following documentation is required:</p> <ul style="list-style-type: none"> ✓ Last check stub(s) or printout of benefit(s) received ✓ Letter from agency verifying date and amount of benefit(s) lost
<p><u>DEDUCTION OF ONE-TIME PAYMENT</u> – Student/Spouse/Parent received a ONE-TIME PAYMENT (pension, IRA, annuities, gambling winnings, settlement, etc.) The following documentation is required:</p> <ul style="list-style-type: none"> ✓ Receipt(s) showing where one-time payment was spent ✓ Copy(s) of bank statements
<p><u>SEPARATION OR DIVORCE</u> – Student/Parent was married when the FAFSA was filed, but has now separated or divorced. The following documentation is required:</p> <ul style="list-style-type: none"> ✓ Court documentation verifying legal separation or divorce
<p><u>DEATH OF A PARENT OR SPOUSE</u> – Parent/Spouse passed away after the FAFSA was filed. The following documentation is required:</p> <ul style="list-style-type: none"> ✓ Copy of Death Certificate
<p><u>UNUSUAL EXPENSES</u> – Student/Spouse/Parent has unusual medical or dental expenses NOT covered by insurance. The following documentation is required:</p> <ul style="list-style-type: none"> ✓ Copy of bills AND receipts of payment

Step 2: Circumstance to be considered (check one):

- Loss of employment
- Loss of benefits
- Death of a spouse or parent

- Separation or divorce
- Deduction of a one-time payment
- Unusual expenses

Step 3: Reason for filing:

In the space below, give specific dates and reasons as to when and why income changes occurred. Be specific and list events in chronological order. Use a separate sheet of paper if necessary.

Step 4: Verification of Household Size and Student Certification

Write in the names of all household members. Also write in the name of the college attended for any household member who will be attending college at least half-time between July 1, 2009 to June 30, 2010 and will be enrolled in a degree or certificate program. If you need more space, attach a separate piece of paper.

<p>Dependent Students:</p> <ul style="list-style-type: none"> ✓ Include yourself, your parents and ✓ Any dependents that your parents provide more than half of their support from July 1, 2009 to June 30, 2010 		<p>Independent Students:</p> <ul style="list-style-type: none"> ✓ Include yourself and your spouse ✓ Your children, if you provide more than half of their support from July 1, 2009 to June 30, 2010 and ✓ Other dependents if they live with you, and you will continually provide more than half of their support from July 1, 2009 to June 30, 2010 	
Full Name	Age	Relationship to Student	Name of College
		SELF	Mansfield University

I certify that all the information reported to qualify for federal student aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner or my Special Circumstance Request will be denied. I also understand that if I give false or misleading information, I may be fined, jailed or both.

Student Signature

Date

Parent Signature

Date

STEP 5: Projected Income:

Project the anticipated income for yourself and your spouse, or your parent(s) if you are a dependent student, in the spaces provided.

Student / Spouse Income	1/1/09 to present	Present to 12/31/09	TOTAL
Wages			
Unemployment Benefits			
Child Support Received for all children			
Payments to tax-deferred pension and savings plan; paid directly or withheld from earnings.			
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans.			
Untaxed portions of IRA distributions			
Housing, food, living allowances paid on your behalf			
Veterans NON-education benefits			
Untaxed portions of pensions			
Tax exempt interest income			
Other untaxed income such as worker's compensation and disability			
FINANCIAL AID OFFICE ONLY:			
Projected Adjusted Gross Income			
Projected Untaxed Income			
Estimated Tax Paid			

Parent Information	1/1/09 to present	Present to 12/31/09	TOTAL
Wages			
Unemployment Benefits			
Child Support Received for all children			
Payments to tax-deferred pension and savings plan; paid directly or withheld from earnings.			
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans.			
Untaxed portions of IRA distributions			
Housing, food, living allowances paid on your behalf			
Veterans NON-education benefits			
Untaxed portions of pensions			
Tax exempt interest income			
Other untaxed income such as worker's compensation and disability			
FINANCIAL AID OFFICE ONLY:			
Projected Adjusted Gross Income			
Projected Untaxed Income			
Estimated Tax Paid			

FOR FINANCIAL AID OFFICE USE ONLY

Approved **Denied**

Signature of authorized official

Date

Corrections submitted

New EFC _____

FAA initials _____

Incomplete. Documentation needed: _____

Comments: _____

RETURN ALL PAGES TO:

*FINANCIAL AID OFFICE
224 SOUTH HALL
MANSFIELD, PA 16933
570-662-4129*

OR:

FAX TO: 570-662-4136