

Mansfield University

2008-2009 Special Circumstance Request Form

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

*This request is used to adjust the income reported on the 2008-2009 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 2007 Federal Income Tax Return and all schedules. ✓ Signed copy of your parent's 2007 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 2007 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 2007, 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):

- | | |
|--|--|
| <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Separation or divorce |
| <input type="checkbox"/> Loss of benefits | <input type="checkbox"/> Deduction of a one-time payment |
| <input type="checkbox"/> Death of a spouse or parent | <input type="checkbox"/> 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, 2008 to June 30, 2009 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, 2008 to June 30, 2009 		<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, 2008 to June 30, 2009 and ✓ Other dependents if they live with you, and you will continually provide more than half of their support from July 1, 2008 to June 30, 2009 	
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
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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	1/1/08 to present	Present to 12/31/08	TOTAL
Wages			
Unemployment Benefits			
Social Security Benefits, Disability Benefits, housing, food or other allowance			
Child Support Received for all children			
Earned Income Credit from IRS Form 1040			
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.			
Other untaxed income			
FINANCIAL AID OFFICE ONLY:			
Projected Adjusted Gross Income			
Projected Untaxed Income			
Estimated Tax Paid			

Parent Income	1/1/08 to present	Present to 12/31/08	TOTAL
Wages			
Unemployment Benefits			
Social Security Benefits, Disability Benefits, housing, food or other allowance			
Child Support Received for all children			
Earned Income Credit from IRS Form 1040			
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.			
Other untaxed income			
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: _____
