

Special Circumstance Worksheet

STUDENT NAME: _____

STUDENT ID# _____

If your 2009 expected income will be significantly different from the income reported for 2008 and the change is due to one of the conditions listed below, we may be able to reconsider the expected contribution towards your educational expenses for the 2009-2010 school year.

You MUST complete Sections I and II, attach your/your spouses complete 2008 federal tax return (signed) and all W-2/1099 forms in addition to any other documentation for the items you check below and remit to the Office of Financial Aid. The Office of Financial Aid will notify you if additional documentation is needed. Once all paperwork is received by our office, the director usually makes a decision within two weeks of receipt. However, it is your responsibility to contact the Office of Financial Aid for that decision.

Section I: STUDENT'S/SPOUSE'S 2009 EXPECTED INCOME (January 1 – December 31, 2009)

Please indicate with a check mark the reason(s) your income for 2009 will be different from 2008. **Check all that apply and provide the requested information.**

_____ You/your spouse earned money in 2008 has lost his/her job for at least 10 weeks in 2009. Complete information below, submit unemployment documentation, and complete Section II on reverse side.

Specify who has been unemployed: _____

Date of employment termination: _____ **Date (to be) re-employed:** _____

_____ You/your spouse earned money in 2008 has not been able to earn money for at least 10 weeks in 2009 because of a disability or natural disaster in 2008 or 2009. Complete information below, submit medical documentation (if applicable) and complete Section II on reverse side.

Specify who meets this condition: Student/Spouse(circle one)

Date of employment termination: _____ **Date (to be) re-employed:** _____

Nature of the disability or natural disaster: _____

_____ You/your spouse received unemployment compensation or other untaxed income or benefits in 2008 has totally lost that income or benefit in 2009. Complete information below, submit documentation and complete Section II on reverse side.

Specify who meets this condition: Student/Spouse(circle one)

Source of lost income or benefit: _____

Date it was terminated: _____ **Date it was or will be reinstated:** _____

_____ You/your spouse received child support in 2008 has totally or partially lost that income in 2009. Submit documentation.

Date it was terminated: _____

_____ You have divorced or separated since the Free Application for Federal Student Aid (FAFSA) was completed. Give the date of the divorce or separation. **Provide expected 2009 income in Section II for yourself ONLY. If separated, submit separation agreement or notarized statement.**

Date of Divorce or Separation: _____

_____ Your spouse has deceased since the financial statement was completed. **Provide expected 2009 income in Section II for yourself ONLY. Indicate below the date of your spouse's death.**

Date of Death: _____

_____ None of the conditions above apply. I have attached and signed a "typed" explanation of my special circumstances.

Section II: Expected 2009 Taxable Income

For every source of income listed below, report the amount expected from January 1 until December 31, 2009.

SOURCE OF INCOME

Income from Work and Investments:

Wages, salaries, tips, etc. (before taxes): (Dates earned: From _____ to _____) Student \$ _____
(Dates earned: From _____ to _____) Spouse \$ _____

Net income from business/farm: Student \$ _____
Spouse \$ _____

Interest and dividend income: \$ _____

Net income from rent, trusts, royalties, partnerships, estates, etc.: \$ _____

Other taxable income (alimony, capital gains, taxable pensions, unemployment benefits, etc.): \$ _____

Payments from Income:

Alimony paid: \$ _____

Payments to IRA, KEOGH, and other tax-deferred pension and annuity plans such as 403(b) and 401(k): \$ _____

Other Income:

Child support to be **RECEIVED** for all children, including the student: \$ _____

Social Security benefits (for all household members): \$ _____

AFDC/ADC or TANF benefits: \$ _____

Housing, food, and other living allowances paid to military, clergy, and others: \$ _____

Veteran's benefits-such as Death Pension, Dependency and Indemnity Compensation, GI Bill, VEAP, etc.: \$ _____
(Indicate type of benefits received and amount to be received per month):

Benefit: _____ Amount per Month: \$ _____

Worker's Compensation: \$ _____

Any other nontaxable income and benefits: (List source of income): _____ \$ _____

Other Payments:

Child support to be PAID for children NOT in your custody: \$ _____

Medical/dental bills NOT covered by insurance: \$ _____

CERTIFICATION STATEMENT

I (we) certify that the information provided on this form is true and correct to the best of my (our) knowledge. I (we) agree that if requested, I (we) will provide documentation to support the information provided on this form after the 2009 calendar year has ended.

Student's Signature

Date

Spouse's Signature

Date