



## 2019-20 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES

In cases where 2019 family income is expected to be **substantially** less than the 2017 family income that was reported on the Free Application for Federal Student Aid (FAFSA), or if there are extreme special circumstances we should take under advisement, you (student) may request a review of family contribution and financial aid eligibility. When you request a special circumstance, you must also complete the Verification process, which includes completing a 2019-20 Verification Worksheet, copies of your/your parent(s) (if Dependent) or your/your spouse (if Independent) complete 2017 AND 2018 federal tax return transcript (s), and all W-2/1099/Schedule C/F forms (if applicable) must also be submitted to ensure the accuracy of the FAFSA before any special circumstances can be considered. **Please be advised, if corrections are made using actual 2017 information, your Expected Family Contribution (EFC) may actually INCREASE and any financial aid you have been awarded previously may DECREASE. Sections I and II of this form must also be completed, along with a detailed letter explaining the circumstance and documentation to support your request. All of the above documentation MUST be submitted to the Office of Financial Aid. The Federal Family Educational Rights and Privacy Act Regulation 34 CFR 99.3 and Protecting the Confidentiality of Personally Identifiable Information (PII) prohibits Universities from receiving Sensitive Data by unsecured fax lines or emails. All items/documents containing PII information (social security number, date of birth, tax information, etc.), MUST be mailed by the U.S. Postal Service/delivered in person/or to electronically send, go to your MY MU Portal under the Financial Aid tab. The Office of Financial Aid will notify you if additional documentation is needed. Once all paperwork is received by our office, please allow two weeks for the director to review the information. It is your responsibility to contact the Office of Financial Aid for the results. ALL students are responsible for checking their Methodist email daily for messages from Methodist University.**

**Please note: if any of the above information is missing or incomplete, this will delay the process.**

**Name** \_\_\_\_\_ **MU STUDENT ID:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

### Section I-Reasons for review of financial aid eligibility

**Check condition and circle the person for whom it applies:**

- You / Your Spouse / Your Parent(s)** were/was employed in 2017 but are/is now unemployed or under-employed.  
**Suggested Documentation:** A statement on company letterhead from employer which specifies the last date of employment and/or date(s) of reduced hours. If partially employed in 2019, YTD paystub to verify earnings for 2019 expected work income (next page). **Check stubs and/or W-2's are insufficient and therefore not acceptable.**
- You / Your Spouse / Your Parent(s)** earned money in 2017, but have/has been unable to pursue normal income-producing activities during 2019 due to a disability or natural disaster.  
**Suggested Documentation:** physician's statement or written description of natural disaster
- You / Your Spouse / Your Parent(s)** received unemployment compensation or other reported income in 2017 and have had a loss or reduction in these benefits in 2019.  
**Suggested Documentation:** letter of explanation from source of benefit
- You / Your Spouse / Your Parent(s)** received child support in 2017 and have/has totally or partially lost that income in 2019.  
**Suggested Documentation:** letter of explanation from source of benefit
- You / Your Parents** have become separated or divorced after the FAFSA was submitted.  
**Date of Separation or Divorce:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Suggested Documentation:** copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party (non-relative) describing situation and date of divorce or separation
- Your Spouse / Your Parent,** whose 2017 income was reported on the FAFSA, has died since you submitted your application.  
**Date of Death:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Suggested Documentation:** death certificate; obituary
- Other: If none of the conditions above apply, attach and sign a typed explanation of the circumstances you would like us to consider when reviewing your financial aid eligibility. Examples include: high unreimbursed medical expenses, nursing home expenses, etc. Please submit proof of these circumstances with this form.**

**Continue on Next Page**

**Section II-Dependent Students Only**

**Do not leave any items blank. Report total yearly figures (NOT monthly)**

**Dependent Student:**

2019 Expected Work Income by father/stepfather:	\$ _____
2019 Expected Work Income by mother/stepmother:	\$ _____
2019 Other Taxable Income (e.g. unemployment benefits):	\$ _____
2019 Other Non-Taxable Income (e.g. child support):	\$ _____
<b>Total Expected 2019 Income</b>	<b>\$ _____</b>

**Expected 2019 Income**

**Section III-Independent Students Only**

**Do not leave any items blank. Report total yearly figures (NOT monthly)**

**Independent Student:**

2019 Expected Work Income by student:	\$ _____
2019 Expected Work Income by spouse (if married):	\$ _____
2019 Other Taxable Income (e.g. unemployment benefits):	\$ _____
2019 Other Non-Taxable Income (e.g. child support):	\$ _____
<b>Total Expected 2019 Income</b>	<b>\$ _____</b>

**Expected 2019 Income**

**Section IV-Dependent Student AND parent MUST read and sign. Independent Student AND spouse (if married) MUST read and sign.**

I understand that if I purposely give false or misleading information in connection with my application for Federal Student Aid, I may be subject to a fine of up to \$20,000, sent to prison, or both. I also understand that if the income estimates provided above are substantially different from what is actually earned for that year, I will lose my ability to request any future adjustments in subsequent application years.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse (if married)/ Parent Signature (if dependent)**

\_\_\_\_\_  
**Date**

.....  
**For Office Use Only**

\_\_\_\_\_ Approved    •    Recalculated EFC: \_\_\_\_\_    •    ISIR reprocessed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Data elements/amounts that were adjusted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Denied Reason: \_\_\_\_\_

I hereby use my professional judgment to **adjust / not adjust** this student's expected family contribution based upon:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director of Financial Aid

\_\_\_\_\_  
Date