

## 2022-2023 SPECIAL CIRCUMSTANCES REQUEST

**Student Name**
**Student ID**
**Email Address**
**Phone Number**

Complete this form if you or your family's financial situation has changed significantly since you filed for financial aid for the 2022-2023 academic year. Information from this form, from your 2022-2023 tax file and from supporting documentation will be used to determine if your eligibility for financial aid can be recalculated due to special circumstances. You will be notified of a decision within 30 days of receipt of all required documentation.

**Please check the family member(s) that experienced the special circumstance:**

**Father/Stepfather**   
  **Mother/Stepmother**   
  **Student**   
  **Student's Spouse**

**IMPORTANT!!** Please submit the following **after** you have filed your 22/23 FAFSA.

1. A written statement explaining what caused the change(s) in your family's circumstances.
2. A signed copy of your most recent federal tax return (please include Schedules 1-6, Schedules A, C, E and/or F if filed.)
3. W-2 Forms from the same year as the tax return submitted.
4. Documentation of your change in circumstances(s). See below for a list of required documents for specific circumstances.

Extreme Circumstance	Required Documentation
Loss of Employment (Due to COVID-19 or other reason)  Loss of income due to change of employment (Due to COVID-19 or other reason)	Proof of unemployment – lay of notice from employer. Proof of unemployment benefits and amounts. Year-to-Date pay stubs showing all income earned from work for 2021 (and 2022, if applicable). Documentation of all untaxed income received in 2019 (and 2020, if applicable). Proof of severance package benefits, if any.
Death of Spouse  Separation or Divorce of Student (requires that you are living in separate households)	Death certificate or obituary notice. Life insurance benefits statement, estate distributions, or inheritance, if any.  Final divorce decree. Signed statement by attorney with date of separation. Proof of separation (proof of separate residences)
Out-of-Pocket Medical Expenses	Copies of Explanations of Benefits (EOB). Proof of out-of-pocket payment (check stubs, receipts, etc.).
Loss of Child Support Loss of Employment Benefits Loss of Disability Benefits	Proof and amount of court ordered child support.  Loss of benefits statement.

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I understand that submission/review of this form does not guarantee a change in the student's financial aid eligibility. I affirm that the information provided in my appeal and the attached documentation is accurate and complete to the best of my knowledge. I understand that if any of the information used in my appeal changes, I must contact the Financial Aid Office immediately in writing with the corrected information. I understand that false statements or misrepresentations may be cause for denial, reduction, withdrawal or repayment of financial aid.

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

Date \_\_\_\_\_

Parent Signature if student is dependent. \_\_\_\_\_

Date \_\_\_\_\_