

Missouri StateTM
 U N I V E R S I T Y

Office of Student Financial Aid

SPECIAL CIRCUMSTANCE FOR 2009-2010

Name (Last)	(First)	(MI)	SSN
Address (Street)	(City)	(State)	(ZIP) Phone

This Special Circumstance form allows you to tell us of any unusual situation that you or your family faces in **2009**. The information and documentation you provide will be reviewed in accordance with guidelines provided by the U.S. Department of Education. If there is any change in your financial aid eligibility, you will be notified.

Please complete this form and return it along with a summary and all requested supporting documentation. We will not process an incomplete form. Deadline for submitting this form is March 30, 2010.

CHECK ALL CIRCUMSTANCES THAT MAY APPLY

1. A parent earned money in 2008, but has lost his/her job.
 Which parent? _____ Date employment ceased: _____
 Does this parent plan to return to work in 2009? _____ Yes _____ No
Send a copy of the last year-to-date pay stubs from each 2009 employer and a summary explaining your circumstances, and how you came up with your estimates reported on the back of this page for your taxed and untaxed income from January 1 to December 31, 2009.
After November 2009, please submit a copy of your parent's 2009 federal tax return.

2. A parent who earned money in 2008 has not been able to earn money in the usual way in 2009 due to a disability or natural disaster that has occurred in 2008 or 2009.
 Please explain: _____
Provide a summary and supporting documentation.

3. A parent received unemployment compensation or some untaxed income or benefit in 2008, but has lost that income for 2009. The untaxed income must be from a public or private agency, a company, or a person due to a court order. Type of income lost: _____ Date of loss: _____
Provide a summary and supporting documentation.

4. **After** you filed the Free Application for Federal Student Aid (FAFSA), your parents separated or divorced. Date of separation or divorce: . **Provide a copy of divorce decree and a copy of your parents' state tax return (or all W-2s for both parents).**

5. **After** you filed the FAFSA, a parent died. **Provide a copy of death certificate.**

6. Some circumstance other than those listed above will cause your **2009** income or your parent's to be significantly less than in 2008. _____

****PLEASE COMPLETE THE REVERSE SIDE****

Please provide a *summary* explaining your circumstances, and how you came up with your estimates reported on this page for your taxed and untaxed income from January 1 to December 31, 2009; along with supporting documentation such as: copy of last year-to-date pay stub from each 2009 employer, and any other paperwork verifying other circumstances you are reporting.

EXPECTED 2009 TAXABLE INCOME AND UNTAXED INCOME AND BENEFITS
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	Parent	Student
2009 ESTIMATED GROSS Income Earned from Work (January 1st through December 31st 2009)	\$ _____ Father	\$ _____
	\$ _____ Mother	

Provide copies of your last 2009 year-to-date pay stub from each employer, a *summary* of how you came up with your estimates from January 1, 2009 to December 31, 2009; along with any supporting documentation to verify your changes in taxed and untaxed information in the calendar year of 2009.

Other Income Sources for Calendar Year 2009

Unemployment Benefits	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____
Social Security Benefits \$ _____ X # _____ months.....	\$ _____	\$ _____
Child Support \$ _____ X # _____ months	\$ _____	\$ _____
Welfare Benefits — including Temporary Assistance to Needy Families (TANF)	\$ _____	\$ _____
Other untaxed income (Specify)	\$ _____	\$ _____
Other taxable Income (Include expected interest, dividends, business income alimony, pension, capital gains, etc.)	\$ _____	\$ _____
TOTAL 2009 ESTIMATED INCOME (EARNED AND UNEARNED)	\$ _____	\$ _____

STUDENT CERTIFICATION

I certify that all information provided on this form is true, accurate, and complete. I have attached statements and documents to this form as requested to support my claim of special circumstance.

Student's Signature	Date
Parent's Signature	Date

For Office Use Only

_____ Approved	Counselor _____	Date _____	2009 AGI _____
_____ Denied	Reason: _____		2009 Tax pd _____
_____ Delayed	_____		2009 Untaxed _____
			Original EFC _____
Reviewed by Committee: _____			Spec Circ EFC _____

RETURN TO:

Missouri State University Office of Student Financial Aid
901 S National Ave Springfield, MO 65897
1-800-283-4243 Fax: (417) 836-8392