

Missouri State™

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. You worked full-time in 2008, but you are not working full-time now. Provide the date full-time employment ceased: . Do you 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 the estimates reported on the back of this page for you and your spouse's taxed and untaxed income from January 1 to December 31, 2009. After November 2009, please submit a copy of your 2009 federal tax return.
- ___ 2. Your spouse earned money in 2008, but has lost his/her job. Provide the date employment ceased: _____ Does your spouse 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 the estimates reported on the back of this page for you and your spouse's taxed and untaxed income from January 1 to December 31, 2009. After November 2009, please submit a copy of your and your spouse's 2009 federal tax return.
- ___ 3. You (or your spouse) earned money in 2008 and has not been able to earn money in the usual way in 2009 due to:
a) a disability or natural disaster that has occurred in 2008 or 2009 or
b) a result of general economic conditions in the community in which they reside
Provide a summary and supporting documentation.
- ___ 4. You (or your spouse) received unemployment compensation or some untaxed income or benefit in 2008, but have 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.**
- ___ 5. **After** you filed the Free Application for Federal Student Aid (FAFSA), you and your spouse have separated or divorced. Date of separation or divorce:
Provide a copy of divorce decree and a copy of your state income tax return (or all W-2s for both parties).
- ___ 6. After you filed the FAFSA, your spouse died. **Provide a copy of death certificate and a copy of your state income tax return (or all W-2s for both parties).**
- ___ 7. Some circumstance other than those listed above will cause your 2009 income to be significantly less than in 2008.
Provide a summary and supporting documentation.

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

Please provide a *summary* explaining your circumstances, and how you determined the estimated income reported on this page for the calendar year 2009 (January 1 to December 31, 2009). Submit with supporting documentation such as a 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

	Student	Spouse
2009 ESTIMATED GROSS Income Earned from Work (January 1 st through December 31 st 2009)	\$ _____	\$ _____

Other Income Sources for Calendar Year 2009

Unemployment Benefits	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____
Taxable Social Security Benefits.....	\$ _____	\$ _____
Child Support \$ _____ X # _____ months	\$ _____	\$ _____
Welfare Benefits — including Temporary Assistance to Needy Families (TANF)	\$ _____	\$ _____
Other untaxed income (Specify)	\$ _____	\$ _____

Don't include student aid, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

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. ***(Incomplete forms will not be processed)***

Student's Signature	Date
---------------------	------

Spouse's Signature (if applicable)	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